

DOCUMENT RESUME

ED 314 175

PS 018 484

TITLE Solving the Puzzle of Child Care: A Community Child Care Services and Funding Plan--Strategies for Expansion and Improvement. Child Day Care Planning Project.

INSTITUTION Child Day Care Planning Project, Cleveland, OH.

PUB DATE Sep 88

NOTE 59p.; For related documents, see PS 018 485-486.

AVAILABLE FROM Child Day Care Planning Project, 1001 Huron Road, 10th Floor, Cleveland, OH 44115 (\$5.95 plus \$2.00 shipping and handling for first copy; \$1.00 more for each additional report).

PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC03 Plus Postage.

DESCRIPTORS *Community Programs; *Community Services; Cooperative Programs; *Day Care; *Educational Demand; Educational Quality; *Financial Support; *Program Design; Program Development

IDENTIFIERS Child Day Care Planning Project; Ohio (Cuyahoga County)

ABSTRACT

This report describes the Community Child Care Services and Funding Plan, which is a plan for future collaborative child care efforts in Cuyahoga County, Ohio. The plan was developed through the Child Day Care Planning Project in Cuyahoga County. The first section of the report provides an introduction, which is followed by an overview of the project in the second section. The overview covers the project's background, organization, funding, accomplishments, and the need for ongoing public and private collaboration. The third section discusses child care in Cuyahoga County, particularly funding, needs, resources, quality of care, and program management. The fourth section describes a community child care services and funding plan. This section identifies key child care issues, goals, and recommendations related to collaborative planning, day care funding, expansion of care, quality of care, program management, and advocacy. The section also describes the organizational structure of the Child Day Care Planning Project Committee and the system implementation and funding for the project. An appendix includes information on child care resources, funding, child care statistics from Cuyahoga County, quality of child care in the county, fiscal management, and advocacy. (RJC)

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Solving the Puzzle of Child Care

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A COMMUNITY CHILD CARE SERVICES AND FUNDING PLAN Strategies for Expansion and Improvement



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Child Day Care Planning Project

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A
COMMUNITY CHILD
CARE SERVICES AND
FUNDING PLAN
Strategies for Expansion
and Improvement

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September 1988

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I. INTRODUCTION

In communities across the nation, child care has surfaced as one of the most pressing needs of our times.

Statistics show alarming increases in the numbers of young children with working parents, increases expected to continue well into the 1990s. At present, over 60 percent of young children have working parents. By 1995, the proportion is expected to increase to two-thirds of preschoolers and four out of five school-age youngsters. Child care services have not been able to keep pace with the rapidly escalating demand.

At the same time, many parents now on public assistance could potentially enter the workforce if adequate child care were available, a development that would contribute significantly to their self-sufficiency as well as to the social and economic health of communities.

Communities, businesses and citizens all have a stake in ensuring adequate, affordable child care. The magnitude of the problem calls for community-wide action. Unfortunately, in many communities there is no systematic response to families' growing needs for child care support.

Ultimately, the lack of a systematic approach to child care needs is a costly deficiency, adding to social and economic problems rather than helping to solve them. In addition, it is particularly harmful to families on public assistance who want to become financially independent. The policies of public and private agencies should facilitate, not impede, their progress.

For them, child care is an important part of the solution to the seemingly-endless cycle of welfare. Coupled with opportunities to improve skills and access employment, child care enables them to become self-sufficient, valued members of the labor force.

There is another important advantage. Studies indicate high quality early childhood programs help disadvantaged children gain critical basic skills that serve as a foundation for later success in school and at work -- skills that contribute heavily toward their becoming productive citizens of the community.

The growing numbers of single-parent and dual-income families, too, depend on child care so they can work -- to survive, to make ends meet or realize their potential.

For our communities, child care is a must. An investment in good child care offers a long-term payoff.

All sectors of the community, public and private, have a role to play in ensuring the availability of child care. Rhetoric about child care problems and what should be done is no longer sufficient. Communities must identify and implement specific strategies that will expand and improve care.

This Community Child Care Services and Funding Plan is a call for action in Cuyahoga County, Ohio. It was developed by the innovative community-wide Child Day Care Planning Project (CDCPP), a comprehensive effort involving hundreds of community organizations involved in child care.

While the plan does not address all child care issues, it is a first step in mobilizing local resources to make a commitment to a better child care system.

The following pages offer an overview of the Project and the child care situation in Cuyahoga County as a preface to the resulting child care plan, goals and recommendations.

II. THE CHILD DAY CARE PLANNING PROJECT

A. Background

The Child Day Care Planning Project was begun in September, 1984 as a collaborative effort to address the growing crisis in child care in Cuyahoga County.

Prior to initiation of the Project, there had been limited opportunities for child care funders to focus jointly on the improvement and expansion of child care services in the area.

However, some groundwork had been done. A small group of funders had requested that the Federation for Community Planning undertake a comprehensive study of child care. The study resulted in a report entitled *Child Care in Cuyahoga County*, (McLellan & Kameya, 1982) which documented child care needs and resources and proposed several recommendations for funders.

As a follow up to this report, the Federation for Community Planning initiated a Child Care Policy Review Project, which brought together the community's major child care funders, service providers and others concerned with child care policies.

This project investigated new policy directions as well as model child care systems in different areas of the country. The intent was to identify strategies that could be replicated in Cuyahoga County.

The Federation for Community Planning, a neutral body, facilitated the initial meetings of funders, providing a forum through which they could share information on the status of child care, voice their different perspectives and work to identify critical child care issues of common concern.

All participants agreed to work together cooperatively to improve the child care system. While differences were acknowledged, no immediate action was taken to resolve them.

It was a funding crisis within the Cuyahoga County Department of Human Services that served as the impetus for establishing the more comprehensive Child Day Care Planning Project. While the Project was initiated to find immediate answers to specific questions, the funders soon discovered the potential of the group for developing long-term solutions to the range of child care problems. Their growing commitment to addressing the full scope of child care issues sustained their involvement and broadened the extent of the work to be done.

This form of cooperative action is not unique to local child care funders. Increasingly, public and private institutions -- including government agencies, educational institutions, professional organizations and human service agencies -- are strongly encouraged, sometimes mandated, to join forces to address community problems at the national, state and local levels.

Nationally, two pieces of child care legislation, Act for Better Child Care (S. 1885) and Day Care for Working Families (S. 1271), propose to make federal dollars available through challenge grants to local collaborative councils to stimulate the development of more child care.

On the state level, various departments have offered funding for collaborative projects. At least two Ohio departments have offered funds to guarantee a coordinated system of comprehensive services for handicapped children and their families. -- for example, the Department of Education, which funded a three-year Community Coordinated Preschool Project to bring together community agencies and school districts to focus on services for handicapped children; and the Department of Health, which currently has funds available only for counties with collaborative groups in place. In response, Cuyahoga County has formed

the Early Intervention Local Collaborative Group.

In other states -- like Massachusetts, Texas, California, Tennessee and Minnesota -- the broad-based political and community support that results from cooperative ventures has been an incentive for collaboration.

Locally, the Cuyahoga Emergency Funders Group, established in 1982, served as a model for the structure of the Child Day Care Planning Project. This group consisted of representatives of the public and private sectors who joined together to address the emergency hunger and shelter needs of area families. Participating corporations and funders of non-profit organizations contributed to a joint fund to expand services.

This was the first time in Cuyahoga County public and private funders had come together to solve a local human service problem. It proved the effectiveness of the concept.

B. Organization

Two major committees formed the nucleus of the Project -- the Project Committee, consisting of eight public and private funding organizations, and the Advisory Committee, made up of 22 early childhood specialists, child care providers, consumers and staff from funding agencies and other institutions.

The Project Committee was responsible for overseeing the scope of Project activities and setting policies. The Advisory Committee assisted in planning and spawned a number of work groups and individual projects.

The Child Day Care Planning Project was administered by the Federation for Community Planning. Five full- and part-time staff managed the Project's day-to-day operations.

C. Funding

Over a three and a half year planning, research and development phase, CDCPP raised over \$1.8 million in cash contributions from both public and private sources. Funders were:

Ameritrust Co. (\$5,000)

The City of Cleveland (\$50,000)

The Cleveland Foundation (\$464,612)*

Cuyahoga County Board of County Commissioners and Cuyahoga County Department of Human Services (\$645,000)

Federation of Catholic Community Services (\$40,000)

The Harry K. Fox and Emma R. Fox Charitable Foundation (\$10,000)

The George Gund Foundation (\$200,000)*

Nathan L. and Regina Herman Charitable Fund (\$3,000)

The Jewish Community Federation of Cleveland (\$45,000)

The S. Livingston Mather Charitable Trust (\$4,000)

Ohio Department of Vocational Education (\$4,418)

The Sedgwick Fund (\$20,000)

The Treu-Mart Fund (\$40,000)

United Way Services (\$275,000)

Significant in-kind contributions were made by Cuyahoga Community College, the Federation for Community Planning and several of the funding agencies listed above.

D. Accomplishments

Two of the original goals of the Child Day Care Planning Project were to develop a cooperative community approach to solving child care problems and to improve communication among child care

* These funders also supported planning phases prior to 1984.

funders. Although some specific strategies for accomplishing these goals were outlined prior to the inception of CDCPP (e.g. contributions by funders to a Child Care Improvement Fund, regular meetings of funders), many of the opportunities for cooperation and collaboration among the funders simply emerged with the development and implementation of the Project.

The Project's specific objectives were to expand and/or improve the quality and funding of child care services, expand child care options, develop recommendations for new, improved policies and procedures and improve collaboration among funders. The Project was designed and implemented specifically to ensure maximum cooperation, coordination and/or collaboration among its participants.

CDCPP focused primarily on the following components:

- **A Data Project** - to document needs and resources
- **A Quality Enhancement Project** - to evaluate and improve quality in centers and homes
- **Demonstration Projects** - to test new service strategies and increase the number of child care options available
- **A Cost Study** to determine child care costs
- **Analyses of Funding Policies** - to examine and improve policies for allocating child care dollars.

CDCPP engaged in long-range planning, clarified problems and issues in the child care system, expanded the number of child care slots and developed, tested and revised strategies for:

- improving the quality of child care in homes and centers,
- improving the management of centers,

- allocating dollars effectively,
- increasing accessibility of services to families,
- increasing funds for child care,
- expanding child care options,
- improving day care policies, and
- bringing sectors of the community together to solve problems.

The details of the work of the Project can be found in the full report of the Child Care Planning Project. Generally, however, the accomplishments included the following:

- **Increased Child Care Funding.** United Way Services (UWS) and Cuyahoga County Department of Human Services (CCDHS) funds were leveraged and attracted new dollars to child care. An initial fund of \$400,000 increased to over \$1.8 million for both planning and direct service.
- **Expanded Child Care Services and Options.** Financial resources were pooled to develop and test new service strategies and to increase the number of child care options available. Six direct service demonstration projects created approximately 260 new child care slots which were funded for a two-year period. Most of those slots will continue to be available in the community although CDCPP funding has ended. At least two of the programs have now almost doubled their service capacity beyond their original goal.

In addition, options for increasing infant and school-age care were tested successfully.

- **Developed Scholarships for Needy Families.** During a two-year pilot period, a Scholarship Program was developed and provided financial support for another 237 children who would not have had access to care without the program.

- **Developed Goals for Community Child Care System.** Short and long-term goals were agreed on for the child care system. These goals provided the framework for the community plan for child day care.
- **Developed Mutually Acceptable Funding and Program Policies.** Several new policies and specific procedures for carrying out these policies were agreed upon by the funders. It is anticipated that the policies will ensure 1) improvement in the quality of care and fiscal management of programs, 2) increases in the number of spaces for infant and school-age care, 3) better allocation of funds, 4) increases in funding for child care, and 5) better support of programs. As these policies are endorsed and implemented by the funders, broad-based community support for child care should result.
- **Shared Planning, Program and Research Expertise.** The resources of each funding agency were combined, thereby expanding the scope and increasing the success of the planning effort. In addition, representatives of funding agencies contributed significant time to the Project, focusing on child care problems and solutions, Project operations, fundraising, research strategies and data analyses. These staff offered invaluable insight into the development of the most effective and efficient procedures.
- **Encouraged Participation of Child Care Providers.** Offered a mechanism through which child care providers could share in the planning process by receiving information and expressing their views on critical issues. A number of advisory committees and work groups with broad representation facilitated this process.
- **Maintained Balance of Collaboration and Program Autonomy.** While collaboration occurred in critical areas, funders were able to maintain autonomy in relationship with their own funded programs. The funders agreed that they wanted to maintain

authority and responsibility for their own programs.

- **Reduced Duplication of Services.** The potential for duplication of services among the funders was reduced. The Scholarship Program, Data System, Capital Loan Fund, Staff Development Fund, and Center Sponsored Homes Project are all programs or services that benefit many of the providers or consumers served by funded programs. By jointly supporting the development and implementation of these programs, funders were able to take advantage of services that otherwise would not have been available.

The child care funders experienced much success in working together. However, they continued to be faced with one major challenge. Each of the funders operates autonomously under a set of very different and often constraining, policies and procedures; yet, the collaborative effort requires openness, flexibility, and compromise on the part of the participants. Most public and private child care funders are not accustomed to having to consider the constraints of other funders as they make funding decisions relative to their own programs and services.

The CDCPP, however, provided funders with an opportunity to develop trust, to begin communicating their immediate needs and future goals and to identify specific areas around which they could collaborate.

As CDCPP was a research, development and demonstration project, the cooperation and collaboration that occurred was exploratory. One of the most important results of the collaborative undertaking is this document, *A Community Child Care Services and Funding Plan*, which integrates tested strategies, outlines the mechanisms for ongoing formal collaboration among funders, planners and providers and offers recommendations for the community regarding the future

development and improvement of the child care system.

E. Need for On-going Collaboration

Integral to the CDCPP recommendations for the child care system is a continuing need for public/private collaboration as well as a vehicle to ensure implementation.

The promising long-term strategies outlined will require an ongoing catalyst if they are to be accomplished. There are other compelling reasons to continue the current level of collaborative activity:

- A formal vehicle for continuing cooperation, coordination and collaboration is essential to effecting needed changes in the child care system.
- Strong advocacy and support are required to implement recommended initiatives.
- Monitoring and analysis of changing community needs and program resources is key to expanding and improving programs.
- Newly developed policies and procedures for funding agencies require adequate time and support for implementation.
- Future decision-making regarding system changes will be severely hampered without a group to monitor the consequences of policy changes on programs.

It is important to note also that proposed federal legislation will not, if passed, totally alleviate child care issues in this community. The reality is that demand will continue to exceed supply. In addition, the threat of cut backs in public and private funding remains as competition for funds continues to increase.

The CDCPP funders have demonstrated effectively that dollars can be stretched, programs improved and reductions in federal/state support of child care somewhat minimized through collaborative efforts. They have decisively proven that collaboration ensures the best possible use of funds.

In summary, the Child Day Care Planning Project has had an impact far beyond the initial expectations of its founding organizations. Beyond the many specific achievements, it has fostered changes in the climate of the child care system in Cuyahoga County.

All participants -- day care providers, funders and related service providers -- have shown a new level of cooperation, collaboration and coordination. Funders have developed a model applicable to other groups seeking to solve community problems through partnerships.

Future gains depend on continuing a strong, effective formal structure for continued collaboration.

III. CHILD CARE IN CUYAHOGA COUNTY

The various individual studies and demonstration projects conducted by the Child Day Care Planning Project offered important insights into all aspects of child care within the community and tested a number of strategies intended to improve the system. They set the stage for the goals and recommendations outlined in this Community Services and Funding Plan.

Following is some brief background information on the existing child care system, needs and resources, intended to aid understanding of the rationale for the recommendations. More complete information on these issues can be found in the Appendix.

A. The Child Care System

The child care system in Cuyahoga County is multi-faceted. It encompasses child care providers, funders, consumers, policy-makers, planners, educators, and a variety of program options. Some aspects of the "system" have existed for many years while others are relatively new. The size and diversity of the system are, at times a strength, and at other times a weakness. Some services are coordinated while others are not.

Over the years a multitude of problems have besieged the system. Despite this, concerned child care advocates continue to channel their energies toward creative problem solving.

It was within the context of the total system that the Child Day Care Planning Project emerged, defining objectives and strategies to address critical issues which would maximize the system's strengths and resources, minimize its weaknesses, and avoid duplication of efforts.

In many respects the County is fortunate to have many exemplary and useful child care services above and beyond its child

care centers and homes. These services include centralized community and in-company child care information and referral services, special programs for handicapped and at-risk pre schoolers, Head Start, advocacy, staff training and a CDCPP initiated scholarship program.

The diversity of agencies and organizations that share a common concern for children's issues is particularly strong.

Some address issues through direct service to families and children while others devote their time to clarifying the issues and advocating for needed changes. CDCPP has worked with a wide variety of these organizations to develop viable solutions to a range of child care problems.

The system's many strengths are becoming eclipsed by the critical gap between needs and resources. The uneven quality of services, along with cost and management issues, are of concern as well. In addition, there are some emerging issues with implications for child care including increasing numbers of teenage parents and homeless children as well as a lack of child care for sick youngsters.

B. Funding

The inadequacy of public and private funds for support of child care is a continuing challenge to child care advocates nationally as well as locally. There is no question that existing funds are insufficient to meet the needs. Public funding is uncertain and always subject to cutbacks. Cost issues, too, continue to perplex.

The major source of child care funding is parent fees, followed by Title XX federal/state funding for low-income families.

Of the \$8,754,941 allocated to child care by eight public and private funding sour-

ces in Cuyahoga County, over \$6 million came from Title XX funding through the Cuyahoga County Department of Human Services. It is important to note, however that, nationally, only 14 percent of the 3.4 million children under age six living in poverty are served by Title XX funds.

Other primary funders are United Way Services, Federation of Catholic Community Services, Jewish Community Federation and others. Special purpose funds are available for specific types of child care activities as well.

Closely related to the funding issue is the cost of child care. In Cuyahoga County, as in other areas, the cost of full-time care depends on a number of factors - the type of care provided (center-based, home based, in-home care), the ages of children served, location, quality of the program or the level of subsidy available to families and/or programs.

The cost of child care presents difficult challenges to funders and agencies. Many parents find it difficult to afford the full cost of care, staff are poorly paid, turnover is high and centers must continually find ways to pare budgets.

The "trilemma" for providers of child care is how to keep programs affordable to parents, provide adequate compensation to staff and maintain high quality programs.

In *The Growing Crisis in Child Care: Quality, Compensation and Affordability in Early Childhood Programs* (1987), Barbara Willer examined the relationship between the three factors - quality, compensation, and affordability and recommended some strategies for community action.

She observed that quality of staff is a major determinant of the quality of a program - teachers/caregivers trained in child development/early childhood, sufficient number of adults to provide in-

dividualized and age-appropriate care, stable caregivers, staff who maintain a strong relationship with parents.

Early childhood programs are labor intensive, requiring a number of adults to maintain small group sizes and appropriate teacher/child ratios. Personnel costs range from 50-80% of a program's other child care costs such as rent, utilities, insurance, etc.

Someone has to pay the cost of quality child care. Traditionally, early childhood staff have accepted very low wages and no or few benefits. Because of these low wages and inadequate working conditions, many trained child care providers leave the field for better paying jobs. The high turnover rate of staff results in a lack of continuity of care for children. Willer cites a study (Olenick, 1986) which found that programs which rated best in terms of the quality of services provided to children were also the ones providing higher levels of compensation to staff.

It is logical to assume that parents should pay the cost of high quality care. Unfortunately, the majority of families cannot meet these high costs without assistance. According to the Children's Defense Fund (Rhodes and Real, 1985) day care is the fourth highest expense for families, typically running over 10% of a family's gross income. Willer quoted the 1985 median income for households with children younger than six years of age as \$28,713. For single heads of households the income was reported as \$18,347.

Clearly, with day care costs averaging \$2,500 to \$3,000 annually for the care of 3-5 year olds and considerably more for care of infants, a majority of families are unable to pay full cost of care. Solving funding and cost issues is key to an effective child care system in Cuyahoga County.

C. Needs and Resources

The escalating need for child care services is well documented. Nationally, over 60 percent of women with children under 18 years of age work. By 1995 two-thirds of all preschool children and four out of five school-age children will have working mothers. (Children's Defense Fund, 1987)

Mothers of newborns are returning to work earlier. Currently, forty-eight percent of children under one year of age have employed mothers. This age group has had the highest rate of increase in employed mothers over the last ten years (Hofferth and Phillips, 1985). About 37% of these mothers use out-of-home, non-relative care (U. S. Bureau of the Census, 1987).

Using population projections and national estimates of working mothers by age of child, the following numbers of children in Cuyahoga County may need full or part-time care in the future.

Age	Year		
	1990	1995	2000
0-4	31,729	28,439	25,030
5-9	32,896	31,244	28,632
TOTAL	64,625	59,683	53,662

There are approximately 21,000 births annually in Cuyahoga County. An estimated 3,700 infants need organized out-of-home child care arrangements each year.

Of the families receiving Aid to Dependent Children, the Ohio Department of Human Services Data for Cuyahoga County revealed that, in November, 1987, there were 53,583 children under nine years of age -- 20,035 (37.4%) were under three years of age; 12,149, (22.7%) three and

four year olds; and 21,399, (39.9%) five to nine year olds.

An estimated 13,396 of these children need day care to enable their parents to enter work/training programs.* These children include:

- 5,009 infants and toddlers requiring 3,406 additional fulltime equivalent spaces;
- 3,037 three and four year olds requiring 2,066 additional fulltime equivalent spaces;
- 5,350 school-age children five to nine years of age requiring 3,640 additional fulltime equivalent spaces.

In addition, the Children's Defense Fund/Ohio estimated that there were approximately 1,620 babies born in Cuyahoga County in 1985 to teenagers who had not finished high school and who may need child care. Including births over a three year period, there are an estimated 4,500 teen parents, many of whom need child care to complete their education.

There is much debate about how a community should expand infant care options to meet the growing demands of families. There is no definitive data that indicates day care for infants is developmentally more appropriate in a center than in a home or vice versa. However, many parents prefer a home setting for infants and toddlers.

CDCPP did address a number of concerns faced by parents in choosing appropriate care for infants -- including availability, quality, cost, stability of care and choice. The center-sponsored home demonstration project was one way to combine the benefits of home and center, as well as to increase the availability and quality of care for infants.

*A preliminary estimate by FCP indicates that 25% of all ADC recipients are available for employment/training programs, excluding those recipients already working or in school, ill or disabled, caring for a disabled dependent or infant under six months, or pregnant.

School-age care is another pressing need. Approximately 20 percent of families requesting care for older children could not be served. The documented need represents just the "tip of the iceberg". The number of children left to care for themselves after school is undetermined.

In-school programs, similar to those in CDCPP demonstration projects in Richmond Heights and North Royalton, were shown to offer many cost and convenience advantages.

D. Quality of Care

The challenge to child care professionals is not simply providing more child care. It is providing more good quality child care. And doing so at an affordable cost.

Quality care is essential to the emotional health and skill development of children. For parents, too, this is a concern. They need to feel they are leaving their children in a safe, healthy environment.

Two studies conducted by CDCPP found uneven levels of care in centers and homes, ranging from very high to very low.

Forty percent of the centers did not fully meet high quality standards. Staff were found to do well on interactions with children and on safety and health requirements. Generally, they ranked lower on curriculum development and physical environment.

Results in the family day care homes showed that most home providers have had no relevant training. Seventy-three percent had less than a high school education.

Evaluations of the home providers revealed some strengths in the physical care and supervision of children. They were weak in discipline and programming.

Because of this, training programs emerged as a key to improving quality. Training was associated with more teaching, helping, language and positive contact with children.

E. Program Management

Although many centers are well-managed, others lack appropriate management practices.

Fiscal management is a key concern. Some centers do not adhere to standard accounting procedures and do not have complete records on their income and expenses. There is little consistency in collecting and maintaining enrollment data.

Clearly, improving management is another area of need.

F. The Next Steps

As described in Section II: The Child Day Care Planning Project and more fully in the separate document, *Solving the Puzzle of Child Care*, the Report of the Child Day Care Planning Project; many promising strategies have evolved from the Project's work -- strategies that now need to be incorporated permanently into the County's child care system.

IV. A COMMUNITY CHILD CARE SERVICES AND FUNDING PLAN

A. Overview

The following plan for future collaborative child care efforts within Cuyahoga County is focused on key child care issues identified by the Child Day Care Planning Project and includes a number of strategies tested in the demonstration projects. It is a comprehensive plan the Project Committee feels is important to the community and one that can be accomplished, given the many constraints.

Following are the key areas and issues to be addressed, along with goals and recommendations.

B. Issues, Goals and Recommendations

The goals and recommendations for expanding and improving the Cuyahoga County child care system evolved from the three year planning efforts of the Child Day Care Planning Project. Since the focus of planning efforts was primarily child care services funded by United Way Services, Cuyahoga County Department of Human Services, City of Cleveland, Federation of Catholic Community Services and Jewish Community Federation; many of the recommendations, understandably, have implications for only those services. Other recommendations, however, are intended to positively impact the broader child care system.

COLLABORATIVE PLANNING

ISSUES:

- 1.NEED FOR CONTINUATION OF A COLLABORATIVE PLANNING SYSTEM**
- 2.NEED FOR BROAD-BASED PARTICIPATION IN COLLABORATIVE EFFORTS**

GOAL I: To maintain a system of joint planning, funding, policy and decision-making, and monitoring and evaluation of community supported child care and child care related services in Cuyahoga County that will ensure on-going improvement and expansion of those services.

RECOMMENDATIONS:

- 1.Re-establish the Child Day Care Planning Project Committee. Assign the following functions:**
 - Coordinate child care funding by maintaining a data system, an allocation system, funding policies and a scholarship program.
 - Ensure continuation of center and home quality enhancement by carrying out the recommendations in this services plan.
 - Ensure continuation/development of central services that benefit providers, consumers and the community-at-large.
 - Stimulate development/expansion of additional direct services, especially for infants and school-agers in geographic areas of greatest need.

GOAL II: To expand the involvement of other funders, agencies and institutions in the ongoing collaborative efforts and to increase support for child care through this collaboration.

RECOMMENDATIONS:

- 1. Develop an organizational structure for the Project Committee that will ensure the involvement of others who are critical to the planning process.**
- 2. Seek funding from a variety of resources to support specific services that benefit many providers (e.g., Scholarship Program, Data System, Capital Loan Fund, Quality Enhancement Fund, Home Recruitment, Start-up Grants) and are necessary for the Project Committee to carry out its proposed functions.**

DAY CARE FUNDING

ISSUES:

1. INSUFFICIENT AND INFLEXIBLE FUNDING
2. INEQUITABLE DISTRIBUTION OF RESOURCES
3. DEMAND FOR CARE EXCEEDING FUNDING RESOURCES
4. UNEQUAL ACCESS BY CONSUMERS TO FINANCIAL ASSISTANCE
5. INCREASING COST OF CARE

GOAL I: To maintain a flexible funding system responsive to changing client needs.

RECOMMENDATIONS:

1. Funders should continue the Scholarship Program:
 - a. to assist low-income families with their child care costs who reside in areas where there are insufficient numbers of low-income clients to warrant a center Title XX contract or a UWS allocation.
 - b. to ensure continuity of care for families and children as their circumstances change.
 - c. to assist families who have emergency and short-term child care needs.
2. The Project Committee should continue the Data System at Center for Human Services and produce an annual funder's report and an annual community report:
 - a. to identify changing community needs .
 - b. to use the data as a basis for allocating new and underutilized funds for contracted services and scholarships.
3. The Project Committee should develop and recommend to funders for implementation, an objective system for effectively allocating dollars for child care based on an analysis of data.
4. The Cuyahoga County Department of Human Services should, when necessary, implement its plan for managing reductions in Title XX funding in the following manner:
 - If reduction in Title XX funding should occur, the reduction should be distributed equitably among center contracts using an equal percentage reduction. Centers with at least two of the three following criteria should be excluded from the decrease: small size (under 30 capacity), high dependency on Title XX contracts (over 85% of income is Title XX), and low per diem rates (under \$9.00).

5. The Project Committee should regularly monitor and annually review funding policies and their impact on the child care system. Policies should be revised as appropriate.

GOAL II: To attract additional funding for child day care and to target these funds to meet identified needs.

RECOMMENDATIONS:

1. United Way Services (UWS) and the Cuyahoga County Department of Human Services (CCDHS) should increase their funding for the Scholarship Program.
2. The Project Committee, in conjunction with the Scholarship Program staff, should undertake fund-raising efforts. Specifically, the Scholarship Program should solicit and accept funding from other sources including municipalities, employers, foundations, civic groups, religious groups, and individual contributors, and should administer such funds in accordance with guidelines requested by individual funders.
3. The Project Committee should continue to raise funds for the Capital Loan/Grant Fund with particular focus on corporations and foundations.
4. The Project Committee should advocate for increased federal, state, county and community funding based on information produced by the Child Care Data System. The Committee should develop a plan for advocacy, including the release and dissemination of the Community Report produced by the Data System.
5. The Project Committee should continue to seek funds and/or in-kind contributions from educational institutions, foundations and organizations to support staff development and other quality enhancement activities.
6. The Project Committee should advocate for work/training programs targeted to Aid to Dependent Children (ADC) clients which have funding earmarked for day care services for all their clients, including those eligible for Title XX. This will increase day care subsidies in the community and allow for a maintenance of effort in the existing Title XX program.

GOAL III: To establish and implement rates of reimbursement which are at least sufficient to ensure centers meeting state and federal requirements, even if the increased cost results in fewer children being served.

RECOMMENDATIONS:

1. CCDHS reimbursement for home providers should be increased, starting in 1988, to \$8 per day per child instead of the current \$7.
2. A two-phase plan should be implemented for establishing minimum CCDHS reimbursement rates for centers:
 - a. Phase I: Centers reimbursed below \$10 per diem should be able to apply for an increase in per diem rates to a maximum of \$10 to enable them to meet Title XX standards and federal wage laws (centers must have necessary documentation of costs).
 - b. Phase II: Centers reimbursed below \$11 per diem should be able to apply for an increase in per diem rates to a maximum of \$11 to enable them to meet Title XX standards, federal wage laws and provide basic fringe benefits (centers must have necessary documentation).
3. CCDHS should review per diem rates at least every two years in relation to inflation and submit cost adjustments to the County Commissioners as part of the CCDHS budget proposal.
4. Following implementation of recommended fiscal reporting procedures, funders should complete an analysis of costs and address the issue of differential rates among centers.

GOAL IV: To ensure maximum utilization of Title XX dollars by centers under contract with the Cuyahoga County Department of Human Services.

RECOMMENDATIONS:

1. In order to decrease staff turnover and to ensure timely placements of children in day care, CCDHS should either raise the level of its day care intake staff to "Social Worker II" or it should increase the number of day care intake staff from five to seven.
2. The CCDHS Day Care Department should continue to improve procedures and communication with providers in an effort to keep utilization of Title XX child care slots as high as possible.

GOAL V: To establish and maintain a better balance between available funding and clients prioritized to receive subsidized day care.

RECOMMENDATIONS:

1. CCDHS should review and make adjustments in priorities whenever there are more than 200 eligible and priority clients who have been denied service in the last funding period. A review of priorities should also occur when there is a significant increase or decrease in available funds.
2. CCDHS should gradually adjust current priorities by ceasing to provide service to:
 - a. *new* applicants who will qualify by income for partial subsidy (i.e., fee payers).
 - b. children over age 10.
3. CCDHS should establish a long-term goal to give low priority for day care to clients in training programs which have poor placement records.

EXPANSION OF CARE

ISSUE:

INSUFFICIENT QUANTITY OF CARE

GOAL I: To develop and maintain incentives for organizations to expand child care services.

RECOMMENDATIONS:

1. The Project Committee should maintain the Capital Loan/Grant Fund for start-up and expansion of day care services in areas and for types of services where expansion is identified as needed by the Child Care Data System.
2. The Project Committee should provide start-up grants specifically for center-sponsored family day care homes and school-age care programs.

GOAL II: To expand cost effective, quality infant care

RECOMMENDATIONS:

1. The Project Committee should expand care in family day care homes by 500 spaces by supporting the center-sponsored model.
 - Provide time-limited funding for at least 12 existing day care centers to enable them to start up and sponsor 20 day care homes each.
 - Ensure quality care by maintaining funds for training and support of family day care home providers.
 - Provide funds for new and continuing day care home sponsors for equipment-lending, with a priority on equipment for infants.
2. The Project Committee should work cooperatively with the consortium of family day care sponsoring agencies and provide funding to enable them to initiate a county-wide provider recruitment and consumer education campaign and address municipal zoning restrictions.
3. Funders of subsidized care should continue current contracts and allocations to center infant programs until the long-term goal of sufficient additional home capacity is available to ensure placement and parent choice among high quality home providers. Funders should not expand contracts/ allocations for infant care in centers. The goal of funders is to ensure an adequate supply of day care for infants and the availability of subsidy for that care. CDCPP recognizes that center-based infant care is preferred by many parents. This type of care will undoubtedly continue to be available to parents who choose to pay for the care themselves.

GOAL III: To expand developmentally-appropriate school-age care

RECOMMENDATIONS:

General

1. The Project Committee should work with the Ohio Department of Human Services to clarify how "youth activities" programs fit into existing day care licensing standards. For youth programs serving a day care need, the Project Committee should identify and recommend modifications in standards if such modifications will ensure a healthy, safe and more developmentally-appropriate environment.
2. The Project Committee should provide funds for start-up grants for at least ten school-age programs (six in the City of Cleveland; four in the suburbs) which would increase school-age care by 200 spaces.

Suburbs

1. If appropriate to meet the needs of the community's residents, school systems/ departments of community services should develop school-age child care programs.
2. In low-density poverty areas, scholarships should be available through the Scholarship Program for eligible families for school-age care in school-based programs and licensed centers.
3. In high-density poverty areas, CCDHS should contract for school-age care in schools and licensed centers; scholarships should be available in areas where there are no contracts.

City of Cleveland

1. The Project Committee should support the development of school-age care in existing day care centers, youth agencies, schools and day care homes.
2. CCDHS should continue to contract with centers to provide school-age child care. In parts of the city where no contracted services are accessible by Title XX eligible families, the Scholarship Program should provide scholarships.
3. United Way Services should make efforts to expand its financial support of both school-age child care in centers and youth activity programs using new dollars generated from fundraising activities.
4. The Project Committee should join with other agencies to encourage the opening of Cleveland Public Schools for school-age programming both before and after school. Planning for such programs should involve the Cleveland Public Schools Transportation Department.

QUALITY OF CARE

ISSUES:

1. UNEVEN QUALITY OF CARE IN CENTERS AND HOMES
2. LACK OF SUFFICIENT SUPPORT TO PROVIDERS TO IMPROVE SERVICES

GOAL I: To continue to improve the quality of care in centers.

RECOMMENDATIONS:

1. Funders should maintain a system for assessing the quality of care of centers
 - Each funder should use the Criteria for High Quality Program Assessment Instrument to evaluate its funded centers annually.
 - Each funder should establish criteria for a minimum level of quality of care for its funded centers and develop policies regarding centers that do not meet the expectations.
2. Funders should provide incentives and assist programs to maintain quality and make improvements where necessary.
 - Each funded center, in conjunction with a Cuyahoga County Department of Human Services program monitor, should develop a work plan which will be used as a guide for funders for periodic monitoring of center improvement efforts.
 - A Quality Enhancement Fund should be jointly established by the funders to provide support to funded centers to make improvements.
 - The Project Committee should support staff development activities by providing funds for:
 - the training of managers and staff of funded centers to enable them to improve the quality of care they provide.
 - the development and implementation of a training resource and referral service in which information regarding available training resources is collected and disseminated.
 - The Project Committee should be supportive of the development and implementation of directors' networks which will facilitate center training and support in different regions of the county.
 - The Capital Loan/Grant Fund should be maintained with a portion of the funds allocated for use by child day care centers for physical improvements. Another portion of the funds should be set aside specifically for grants to centers for program equipment. CDCPP should provide technical assistance to those non-profit centers which are eligible for financial support from the Deferred Maintenance Program of Lutheran Metropolitan Housing.

- UWS should set a goal of national accreditation for its funded centers within the next five years and should publicly acknowledge/recognize those centers which achieve accreditation.
 - The Project Committee should consider strategies to assist centers which do not receive community funding to improve the quality of their care.
 - Training institutions and agencies should expand their training options and provide high quality, low cost training to better meet the diverse needs of providers.
3. Funders should use quality assessment data for decision-making purposes.
- Center program assessment data should be used by funders to make decisions regarding contracting with centers.
 - Funders should enter into new contracts with centers only after it has been determined that the centers meet the acceptable level of quality of care.
 - The decision-making process should incorporate day care center appeal procedures.

GOAL II: To continue to improve the quality of care in family day care homes.

RECOMMENDATIONS:

1. The Project Committee should expand the home sponsorship system by providing start-up funding to centers which meet criteria established by the Project Committee, agree to accept Title XX providers certified by CCDHS and agree to work with CCDHS staff in evaluating and supporting those providers.
2. Each home sponsoring agency should use the Family Day Care Rating Scale (FDCRS), or its approved equivalent, for screening, training, and evaluating home providers, assisting providers to set goals for improvement and identifying individual and overall training needs.
3. Each home sponsoring agency should set its own minimum criteria for screening providers and determining agency affiliation. It should also set policies regarding providers who do not meet the minimum standards.
4. The Project Committee should provide funding to cover the cost of workshops and other training opportunities for sponsored family day care providers.
5. The Project Committee should be supportive of the consortium of home sponsoring agencies to develop and share resources (e.g., newsletter, informal provider support groups, equipment) for assisting their providers.

PROGRAM MANAGEMENT

ISSUES:

- 1. INADEQUATE FISCAL MANAGEMENT IN SOME CENTERS**
- 2. LACK OF SUFFICIENT SUPPORT TO PROVIDERS TO IMPROVE MANAGEMENT PRACTICES**

GOAL I: To assist funded day care centers in implementing cost-effective management strategies.

RECOMMENDATIONS:

- 1. The Project Committee should provide funds for start-up and implementation of a two-year pilot Bulk Purchasing Project. Centers should be able to reduce some of their costs by participating in joint purchasing efforts.**
- 2. The Project Committee should support training for program managers to enable them to operate more efficiently.**

GOAL II: To develop and implement a system in which all participating day care centers maintain complete and accurate fiscal records.

RECOMMENDATIONS:

- 1. Funders should identify appropriate accounting and record-keeping procedures and acceptable management practices that can be used consistently across all programs, and should orient day care providers to this fiscal management system.**
- 2. Funders should require each funded center to maintain documentation regarding income and expenses, and to submit fiscal reports in a standardized form periodically.**
 - **CCDHS should develop clear guidelines for the use of the Ohio Department of Human Services monthly reporting form for Title XX expenditures and the use of the CDCPP work sheet.**
 - **CCDHS-funded centers should submit to CCDHS year-end financial statements prepared by an accountant.**
 - **UWS centers should continue to submit annual audited financial statements.**
- 3. Funders should develop and implement a management information system in which center staff can document how they spend their time and funders can identify costs by function.**
- 4. Funders should establish criteria for monitoring programs and determining their compliance with clearly defined management standards.**
 - **Funders should monitor centers' fiscal management periodically, using established criteria.**

- Funders should determine what assistance individual providers will need in order to comply with these standards and help them to find appropriate resources for management assistance.
 - Funders should identify programs with chronic management problems, specify the nature of the problems and the potential solutions, and make ongoing contracts for services contingent on their obtaining management assistance and improving management practices.
5. Funders should establish policies and procedures for terminating contracts/allocations for centers which do not adhere to acceptable management practices and are not financially account able.
 6. Funders should undertake a cost study after improved data collection systems have been developed and implemented for at least one year. Then, annually, cost data for all funded centers should be collected and analyzed.
 7. Funders should enter into contract agreements with new centers only after it has been determined that the centers adhere to acceptable management practices.

ADVOCACY

ISSUE:

**NEED FOR INCREASED ADVOCACY REGARDING CHILD DAY CARE SERVICES
AND RELATED ISSUES**

GOAL I: To increase the awareness of the general public to child care needs.

RECOMMENDATIONS:

1. The Project Committee should disseminate the Community Data Report on needs and available resources.
2. The Project Committee, in conjunction with other concerned organizations, should maintain frequent contact with the media and other public information sources to provide current information.
3. The Project Committee should develop a community education campaign specifically regarding school-age and infant care needs.

GOAL II: To support state and federal legislation that is congruent with the goals of the Cuyahoga County collaborative effort.

RECOMMENDATION:

The Project Committee should work with and through other organizations to advocate for improvements in the child care system.

GOAL III: To encourage involvement of employers in responding to the community's child care needs.

RECOMMENDATIONS:

1. The Project Committee should be supportive of the Child Care Resource Center's Corporate Service and should strongly encourage efforts to expand the corporate response to child care needs.
2. The Project Committee should encourage employers to offer expanded maternity and paternity leave.

GOAL IV: To work with other organizations to ensure the availability of training programs that will enable low-income participants to become gainfully employed and economically self-sufficient.

RECOMMENDATION:

Identify organizations which share the CDCPP goal regarding training programs and determine strategies appropriate for CDCPP involvement.

C. Organizational Structure

A major recommendation of the CDCPP calls for re-establishing a Child Day Care Planning Project Committee to serve as the on-going mechanism for collaboration among child care funders and service providers. This will also be the vehicle for the implementation of the CDCPP recommendations.

In addition to continuing existing collaborative efforts in planning, policy and decision-making and funding, the Project Committee will address new goals identified earlier which encompass specific recommendations for building on the work of the pilot phase. Re-establishment of this Project Committee is critical to ensuring the expansion and on-going improvement of child care services and funding.

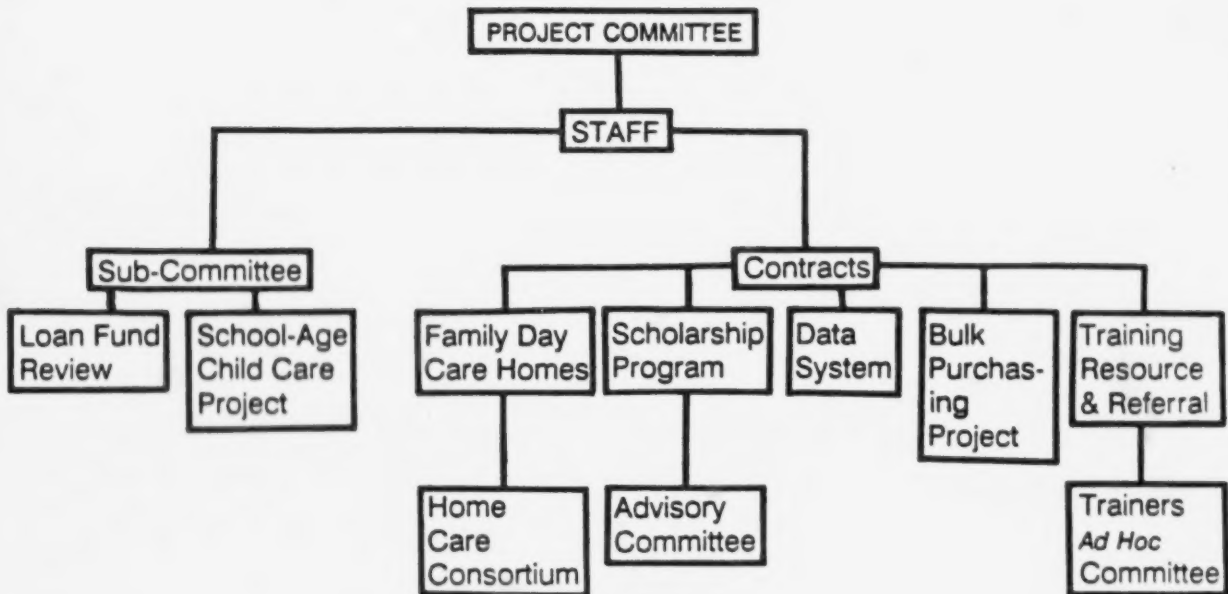
The Child Day Care Planning Project Committee will be implemented over a two-year period. Membership in the Project Committee will be composed primarily of child care funders and planners. There will be two categories of membership — core members and invited members. The core members will be United Way Services, Cuyahoga County Board of Commissioners, Cuyahoga County Department of Human Services, Federation for Community Planning, major community or private foundations and any other participants in the previous CDCPP phase who desire to continue collaboration (e.g. Jewish Community Federation, Federation of Catholic Community Services). At the discretion of the core members, representatives from funding and planning agencies and other organizations will be invited to participate for designated periods of time.

The Federation for Community Planning (FCP) will serve the new Committee as the administrative and fiscal agent in much the same way it served CDCPP. FCP is a non-profit, 501(C)3 agency. Two part-time senior planning associates will be hired to coordinate the work of the Project Committee.

Advisory/resource committees will be established for major project components/functions and will be important partners in the collaborative efforts. Membership in committees will consist of staff, representatives from the Project Committee, staff and a representative from the agency under contract to implement the specific project for the Project Committee and/or other individuals as deemed appropriate to facilitate the work of the committees. Additional committee members may include representatives from day care centers and home providers, consumers, higher education institutions, training organizations, professional organizations, corporations and agencies.

Participation of a range of agencies and institutions in the collaborative effort will be expanded through this advisory/resource committee structure. The responsibilities of the advisory/resource committees will be to review information, discuss policies and procedures for individual projects, examine issues and problems, develop recommendations and submit them to the Project Committee for action. To carry out responsibilities, the committees will meet at least four times per year.

ORGANIZATIONAL STRUCTURE



D. System Implementation

The major responsibility of the Project Committee and its staff will be to maximize funders' existing resources and to create alliances and agreements with other agencies/institutions in order to implement the CDCPP recommendations. The recommendations will be implemented on three levels within the child care system (i.e., by individual funders, by agencies under contract with the Project Committee or by the Project Committee and/or its staff).

- A number of recommendations will be implemented by contracting with existing community agencies. This will allow projects to be developed by people experienced in that particular area. Contracting out work will also ensure that Project Committee staff focus on collaborative activities. The

following chart outlines the general role of the Committee and its staff in relationship to the functions carried out at the different levels.

E. Project Funding

This implementation phase of the Child Day Care Planning Project will be supported by cash or in-kind contributions from participants in the collaborative planning process. Additional funds will be sought from other sources. Essentially funds will be used to support minimal staffing and operations for the Project Committee, school-age care grants, Scholarship Program, Data System, Bulk Purchasing Project, Center-Sponsored Family Day Care Homes Grants, Quality Enhancement Fund, Capital Loan/Grant Fund, Training Resource and Referral, computer resources for the Allocation System and Project Evaluation.

RESPONSIBILITIES OF PROJECT COMMITTEE AND ITS STAFF

Level	Relevant Functions	Project Committee and Staff Role
Project Committee	● maintaining funding and program policies ● setting priorities ● finalizing the allocation system ● analyzing relevant data ● distributing loan funds for program expansion ● fundraising - Loan Fund; Scholarship Program ● expanding school age care ● enhancing program quality and management	● jointly fund/support collaborative committee work ● long range planning and decision making ● coordinate all activities ● monitor effectiveness of all aspects of system ● stimulate development of fiscal and programmatic resources ● develop new cooperative/collaborative relationships
Agencies Under Contract With the Project Committee	● implementing data system ● managing Scholarship Program ● expanding and supporting family day care homes ● distributing loans for deferred maintenance ● pilot testing bulk purchasing project ● maintaining a training resource and referral list ● developing and implementing family day care home recruitment campaign	● oversee implementation and set policy directions for contracted services ● jointly fund services ● evaluate contracted services
Individual Funding Agencies	● program quality/fiscal management assessment ● monitoring impact of funding policies ● data collection for later use in decision-making by the Project Committee	● cooperate with agencies to provide technical assistance and support as needed ● coordinate broader committee functions and timing with related activities at funding agency level

APPENDIX

I. CHILD CARE RESOURCES

Types of Day Care

A variety of programs may be used by parents as resources for day care. These programs can be divided into two categories: group programs and day care homes.

Group Programs include:

- **Day Care Centers** - programs licensed by the State of Ohio to provide care for 13 or more children for five hours a day or more. Children age 0-14 may be served in a center. The cities of Cleveland, Cleveland Heights and East Cleveland also regulate centers.
- **Head Start Programs** - Federally funded, usually provides half-day sessions for 3-5 year old low-income children considered educationally disadvantaged. Health, parent education and social services are additional major components of the program. Some full-day Head Start programs are available and fill a day care need.
- **Nursery Schools and Parent Cooperatives** - Usually provide half-day sessions for 3-5 year olds with an emphasis on education and socialization of children. Cooperatives are parent-operated, parent-participation programs. These programs are not generally referred to as day care programs although they may play a part in a day care arrangement. Occasionally, cooperatives are available on a full day basis.
- **School-age Care** - Programs which offer care for kindergartners through sixth graders before and after school hours and during holidays. School-age programs operated by centers and some youth programs (e.g.

YMCA) are licensed by the State of Ohio.

Group programs are operated by individuals, parent groups, non-profit organizations, for-profit businesses/corporations, boards of education, recreation departments.

Day Care Homes include:

- **Type A Homes** - care for up to 12 children in a home setting with two caregivers. Ohio law limits the number of children enrolled of any particular age. May serve children from infancy through school-agers.
- **Type B Homes** - care for up to six children with one caregiver. Only three children may be under age two and the others must be age two or older. Publically funded homes are certified by the County Department of Human Services.
- **Agency-Sponsored Homes** - Homes recruited, trained, certified, and supervised by an agency or day care center. Usually receive reimbursement for food under USDA Child Care Food Program.
- **Listed Homes** - About 1,000 home providers are listed by the Center for Human Services resource and referral service but they are unregulated and unsponsored. There are many more family day care home providers in the County, but they are unknown to community agencies. About nine suburbs have restricted zoning which impedes the providers from receiving supportive referral services.

In 1986, the estimated capacity for children in group programs and in listed/sponsored family day care homes was about 17,000 full-time spaces.

The emphasis in the full day programs is on preschool care (about half of all licensed spaces). School-age care accounts for 34.6% of all capacity and 27% capacity in funded programs.

Infant Care

Of the 194 licensed day care centers, 62 centers serve infants. Infant capacity is just 3.5% of the total spaces and even less in programs with funding (1.6%). More centers serve toddlers than infants.

As has been noted, the demand for care exceeds the available resources. The unmet need specifically for infant and toddler care continues to increase. In 1986, 47% of all requests for care were for children under three years of age. There were 2,049 requests specifically for infant care. In that same year 500 infants, (163 of whom were Title XX eligible and priority) whose parents were seeking care from the community resource and referral ser-

vice, could not be served. As there are a limited number of infant spaces in child care centers, day care homes become the primary resource for care for infants.

How a community should expand infant care options to meet the growing needs of families is a topic of particular interest. Currently, families can choose care in centers, in family day care homes or in their own homes.

The choice a parent makes depends on availability, cost, quality and personal preference. There are no definitive data, at this time, that indicate that day care for infants provided in a day care center is developmentally more appropriate or beneficial than care in a home or vice versa. There are some components of high quality care regardless of the setting. Alice Honig (1985) identifies some of these components as follows:

- high quality nurturing infant caregivers who understand the developmental needs of infants
- stable caregivers

**LICENSED CAPACITY BY AGE OF CHILD IN ALL
FULL DAY PROGRAMS AND
IN FUNDED PROGRAMS**

AGE	TOTAL SPACES	%	SPACES IN FUNDED PROGRAMS	%	% FUNDED OF TOTAL BY AGE
Infant (0-17 mo.)	532	3.5	71	1.6	13.3
Toddler (18 - 36 mo.)	2,187	14.7	625	13.8	28.6
Pre-School (3-5 years)	6,993	47.1	2,610	57.6	37.3
School-age (5 years +)	5,147	34.6	1,221	27.0	23.7
TOTAL	14,859	100.0	4,527		100.0

Source: 1986 Data Report

- no more than 3-4 infants in the care of one adult
- back-up support for provider
- time for staff's personal and professional growth and renewal
- training opportunities for caregivers

Making the decision between a family day care home and a center may be difficult for parents as parents may see advantages and disadvantages to both. For example,

- Centers may seem to be more reliable. That is, a parent can be assured that a center will be open year round. A home provider's availability may be subject to unexpected changes in the provider's personal life.
- The family day care home seems to provide a more intimate setting for the infant much like his/her own home would be.
- Licensing of day care centers ensures that at least minimum health and safety standards are adhered to. Many day care homes are unregulated.
- The turnover rate of staff in centers is high (over 40% nationally) thus ensuring stability for infant caregivers may be problematic. In addition, infants may have more than one caregiver because of shift changes.
- If parent/caregiver relationships are strained, there are few options for change in a day care home, short of the parent finding another caregiver; whereas, in a center, if necessary, another caregiver who interacts with the infant could become the primary contact for the parent.
- Without the availability of adequate toys and equipment, the infants' ex-

periences could be somewhat limited in a day care home.

- Although the actual cost of providing infant care in homes may be the same as providing it in centers, parents are generally able to find home care providers who charge less than center providers.

In its study of a group of day care homes and the center-sponsored family day care homes demonstration project, CDCPP found some ways of addressing issues of stability of care, concerns about quality, cost, parent choice and service availability.

- Sponsored providers have lower turnover rates than unsponsored providers. Of the 111 providers included in the CDCPP assessment, 60% had provided care for more than three years and 58% had been associated with their sponsoring agency for three or more years.
- Homes should be encouraged to link with sponsoring agencies where minimum standards for care are set and there is a support system for providers to improve care.
- The Scholarship Program provided eligible parents with options between home and center-based care. Of the 36 infants served in the two-year pilot phase, 13 were served in homes and 23 in centers.
- A consortium of home-sponsoring agencies is undertaking a county-wide recruitment campaign, linking new providers with sponsoring agencies.

Clearly, there is a need to expand infant care. From all indications, the cost to parents of infant day care in a center is substantially higher than the cost of care in a day care home. It is unlikely that sufficient public dollars will be available in the

near future to purchase all the day care that is necessary. Thus, the only realistic way to increase the supply of infant care is to increase the number of day care homes.

School-Age Care

In the City of Cleveland and throughout parts of Cuyahoga County there are limited resources for care for elementary school children before and after school and over holidays and vacations. Only 16 of 32 suburban school districts provide school-based child care; however, over the last three years the number of school-based programs has increased from nine to sixteen.

The Cleveland Public Schools (CPS), unlike many suburban school systems, does not provide school-age child care. A pilot project operated by the CPS Department of Family Life Education in a building near an elementary school operated briefly, but is now closed because of insufficient funding. There is no overall plan for adopting school-age child care as a priority for the Cleveland Public Schools.

- What school-age care exists in the City of Cleveland is primarily found in day care centers. Approximately 500 children, kindergarten or older, are served in 33 of the funded centers.
- It is estimated that an additional 500 elementary school children in Cleveland attend a variety of youth programs, not all of which meet daily. The purpose of these programs is to offer activities and, in some instances, a meal. They do not provide child care.
- Non-profit agencies (e.g. YMCA) run programs in the city and suburbs. Some of these programs are licensed as child care programs. There are approximately 1,000 children enrolled in Y programs that operate in schools as well as Y facilities.

Next to infant care, more school-age child care is the most critical child care need. While the number of school-agers taking care of themselves before and after school is not known, CDCPP found that of 1,724 requests, at least 360 (20%) school-age children could not be served in 1986. Even if care is available, many families cannot afford to send their school-age children to programs.

The CDCPP funded three direct service School-Age Child Care (SACC) demonstration programs and one SACC planning project. These projects demonstrated that the issues are very different in the Suburbs and in the City of Cleveland.

In the City of Cleveland, a survey was conducted in the fall of 1985 by Neighborhood Centers Association in the John Hay-West Tech Cluster of 2,000 families with elementary school children. The survey results indicated that there were 525 parents who wanted care for their children, but no care was available. Of the 2,000 families responding to the survey, roughly 58% did not need care, while approximately half of the remainder had their day care needs met at that time.

As a result of the need for care identified in the NCA SACC Planning Project, efforts were made to develop a parochial school program in the City of Cleveland in the John Hay-West Tech Cluster. To date no programs have opened. A number of problems were identified. Each parochial school operates as part of a parish and it is the parish which must decide to have a school-age program. There are legitimate concerns, particularly around liability, which must be resolved before individual parishes will open programs. Another concern is whether there is sufficient space and/or staff to serve their own students and also include public school students.

The feasibility of developing school-age care in homes and of using a "check-in model" for school-agers 10 and older was explored. This model is designed to allow a schoolager to arrive at the home of the family day care provider after school, "check-in", then leave to participate in an activity elsewhere. The purpose of the model is to offer older school-agers an opportunity to participate in a variety of developmentally appropriate activities that he/she would not have access to in a home setting. In many cases, the home provider would be unable to escort the child to and from the activity. There are unresolved issues related to responsibility for the child on the way to and from school and the ability of Title XX to pay for a child who "checks in", then leaves the home for an activity elsewhere or to play at a friend's house. Furthermore, parents can not give the provider permission to allow the child to be unattended while enroute to a program activity. These issues may severely limit the feasibility of a check-in model of school-age care in homes. The check-in model might be a more viable alternative for working families where Title XX regulations are not an issue.

The differences between licensed SACC and other types of youth programs need to be clarified in regard to appropriate regulations and the development of a variety of school-age options. In recreation/activities programs:

- the child is not enrolled for the purpose of day care (in Neighborhood Centers Association's meal and activity programs, many participants are from ADC families, in which the parent is at home. If parents are in training, they are more likely to enroll their child in day care for accountability, longer hours, continuity of care, and/or transportation.) The child can come if he/she wants to and comes on own.

- there is usually a minimal charge or no charge at all.
- the program may not operate every day, and is not likely to be open before school.
- the program may not provide "continuity of care" if there are different instructors offering different activities each day.
- the program is not likely to have parent conferences, provide counseling, or focus on enhancing child development as centers might.

The impetus for expanding after school care is coming from a non-day care perspective as well. The need to expand after school programming has been identified by advocates and agencies concerned about children at risk for teen pregnancy and delinquency.

Children's Issues and Related Services

A strong area of the Cuyahoga County child care system is the diversity of agencies and organizations which share a common concern for children's issues. CDCPP has worked with many of the following organizations:

1. The Child Care Resource Center (CCRC) of the Center for Human Services.

One of the major strengths of a child care system is its child care resource and referral (R&R) center. In many communities across the country, resource and referral agencies perform numerous functions which serve families, providers and the community at-large. Many of the R and R's are a member of the National Association of Child Care Resource and Referral agencies and are working together to streamline and expand their services. Ac-

According to Gwen Morgan (1988) the range of services includes but is not limited to:

- Information via phone and newsletters on available child care, sources of subsidy, child care regulation, criteria for selecting child care.
- Compiled data on the demand for care and available resources.
- Technical assistance and consultation to potential and existing providers of care regarding program management, quality, sources of training.
- Training of child care providers.
- Support system to family day care and center providers.
- Management of child care funds for direct service (e.g. Scholarship Program).
- Resource development in the private sector (e.g. corporate sector).
- Referral of families for child care services.
- Advocacy for improved and expanded services.
- Consumer education.

In Cuyahoga County CCRC holds a central place in the child care system. In 1987, for example, CCRC answered over 5,200 calls from individuals requesting child care information, distributed over 4,600 consumer education packets, developed and maintained 21 contracts with corporations, trained over 2,000 early childhood personnel, maintained a network of family day care providers and responded to 1,100 calls through Tot line. CCRC maintains these services through financial support from United Way Services, Center for Human Ser-

vices, corporate contracts, state grants and private foundations.

2. The Early Childhood Committee of the Federation for Community Planning. This group addresses such issues as restrictive zoning in municipalities that affects the development of family day care homes, child care in the state budget, welfare reform and related day care needs, early intervention services for children zero to five, and neighborhood based services to high-risk families with young children. The work of the Federation for Community Planning is supported by a number of public and private grants as well as United Way Services.

3. Planning and coordination of services to handicapped and "at-risk" young children (birth - age five) are now required by the state in response to federal legislation. This is the origin of the **Cuyahoga County Early Intervention Local Collaborative Group**. Representatives from public/private service providers and parents discuss existing programs, identify similar services and gaps, pool resources and review applications for Public Law 99-457 funds from the Ohio Department of Health. The agencies participating in this collaborative group are funded by a variety of public and private sources.

4. Day care for handicapped children is the primary focus of the **Technical Assistance Project (TAP) of the Achievement Center for Children (formerly the Society for Crippled Children)**. The program facilitates mainstreaming of handicapped children into day care centers and homes and supports staff and parents throughout the process. Over the last eight years TAP has placed over 400 children who have various handicapping conditions. The most pressing

concern is finding day care for children with severe emotional problems and behavior disorders. The major obstacles to solving this problem are limited financial support for the families (60% of the families are on ADC); transportation; and availability of well-trained and willing providers. A committee has recently been developed to focus specifically on the problem of day care for children with emotional problems.

5. There is an increasing need for "wrap-around" day care for children in half-day programs such as **Head Start**, a well-established, comprehensive educational program plus support services for 3-5 year olds. There are many low-income families with children eligible for Head Start programs who are unable to take advantage of them because they need full-time care. These families are in training or in low paying jobs. They are also eligible for Title XX support. In some areas of Cleveland, the demand is high for both Title XX and Head Start placement but few slots are available. Some parents needing full-time care for their children are placing them in Head Start for half of the day and making informal, often unsatisfactory arrangements for the remainder of the day.

CDCPP attempted to address this problem by linking two sources of public funds (Title XX and Head Start) for services to low-income families needing full-time continuous care for their 3-5 year olds yet wanting and needing the services of Head Start. At the time, logistical problems prevented this "wrap-around" program from becoming a reality in Cuyahoga County. The need for such a program, however, still exists. As there are now replicable models in other parts of the country which could be used in Cuyahoga County, CDCPP anticipates looking at this issue again in the near future.

6. With the alarming increase in pregnant teenagers, the need for child care services for this particular population is critical. Inadequate child care arrangements for the teenage mother may contribute to delay in the teen returning to school, developing skills and moving toward economic independence. While there are significant efforts underway through the **Cuyahoga County Teen Pregnancy Prevention Project** to reduce the number of teen pregnancies, there are limited efforts underway to develop needed day care services. Several high schools offer day care services for teens who return to or stay in school through their Grads or Goals Programs. Major obstacles to the teens accessing in or out of school day care services are often transportation and need for financial assistance.

7. Day care for sick children is an ongoing problem. The Ohio Department of Human Services Day Care Code does not allow group sick child care; thus, many sick child care options developed elsewhere in the U.S. are not available in Ohio. Several organizations (e.g., **FCP Early Childhood Committee**, **City of Cleveland Health Department**, **Visiting Nurses Association**, **Covenant Early Childhood Programs, Inc.**) have discussed alternative solutions. However, little has been done to significantly impact the problem. Two surveys on parent attitudes on sick child care conducted in 1986 and 1987 (Kurtz and Jacobson, 1988) evaluated the significance of the sick child care problem, determined parents' preferences, identified sources of acceptable "back-up" care and interested parents in developing a plan of action.

Essentially, the results revealed the following:

- Sick child care is an issue of great concern to parents,

- Parents miss work, often lose wages and use their own sick and vacation days to care for their sick children,
- Parents send sick children to school/center,
- Parents generally are not satisfied with their current arrangements,
- Parents would prefer to stay at home and care for their sick child, or have someone come into the home to care for the child,
- Parents who are able are willing to pay the extra cost of sick care if available. Low income parents need financial assistance.

8. Day care for homeless children is an emerging problem. A report from the **Federation for Community Planning** and statistics from **individual shelters for homeless persons** indicated that eight shelters served about 2,700 children in 1987. That number is expected to rise about 10% a year. Most homeless families (86%) are headed by a single parent (usually a mother). Day care is needed by the parent while he/she seeks employment, permanent housing or other social services. One shelter in Cleveland, **Salvation Army**, is currently providing a child care center for children of homeless women.

9. Nearly all organizations which provide services to children, engage in some advocacy for increased funding support for those services, especially for families who can not afford the full cost of care. Two coalitions of day care center providers, the **Title XX Coalition** and the **Concerned Day Care Providers** have been active advocates both locally and statewide. Another organization, the **Cleveland Association for the Education of Young Children**, combines its efforts for increased funds for programs with efforts to improve the quality of early

childhood programs. As a professional organization, it uses its resources to provide information and training to its members and the broader early childhood community.

10. With the increased emphasis on high quality care, staff training is an important component of our child care system. Two and four year colleges and universities (e.g., **Cuyahoga Community College, Cleveland State University**) and a variety of other organizations are expanding their training options to meet the needs of child care providers. A directory of training resources lists approximately 25 different agencies in Cuyahoga County which provide training on a wide range of topics (Ash, 1986).

11. Because of its tremendous impact on the economic stability of a community, corporate child care is a major initiative in some areas of the country. Here in Cuyahoga County the **Child Care Resource Center** works with a number of corporations that are concerned about assisting their employees in meeting their child care needs. Large and small employers are considering a range of options including on-site child care, flexible benefit packages, on-site information and referral, cooperative agreements with community child care programs, parenting seminars. The goal of these options is to enable men and women with young children to develop skills, enter the work force, and continue to be productive. With increasing needs of the work force and decreasing public funds to assist working families, corporate involvement in child care must expand.

12. If the child care issues of Cuyahoga County are to be adequately addressed over the long-term, major consumer/public education about these issues must occur. The public must not only under-

stand the interrelationship of the problems (e.g. quality, compensation, affordability) but must hear some solutions. Many organizations provide some consumer education by periodically distributing brochures, appearing in the media and conducting open meetings on issues. However, no single organization has had the financial or human resources to mount the massive kind of public education campaign that is absolutely necessary.

II. FUNDING INFORMATION

The availability of public and private funds for support of child care continues to be a key concern of child care advocates nationally as well as locally. Existing funds are insufficient to meet the needs. In addition, the threat of cutbacks in public funds is always present.

Sources of Funds

In Cuyahoga County there are several sources of funds for day care:

- **Parent fees** are the major source of day care funding. Parents are assisted in meeting the cost of care by the Federal Dependent Care Tax Credit which allows up to 20 to 30% of cost up to the designated maximum cost of \$2,400 which allows a maximum tax credit of \$720. An Ohio Tax Credit will be available in 1988 for families with incomes under \$30,000.

Pre-tax Flex Plans, employer sponsored programs allowed by current tax laws, permit a parent to set aside up to \$5,000 before taxes to pay dependent care cost. Many employers are unaware of this option, which is helpful to middle and higher income families as well as to those who do not itemize deductions (lower-income).

- **Title XX** is the federal and state funding program to assist low income families. In 1986, Cuyahoga County had a total of \$6,476,143 available for direct service and administration of Title XX day care programs. These funds were available from the following sources:

- \$5,377,905 in combined federal and state funds
- \$1,098,238 in County general funds allocated by the Cuyahoga County Board of Commissioners.

These funds are administered by the Cuyahoga County Department of Human Services through contracts with day care centers and agreements with individual family day care home providers.

- **JTPA (Job Training Partnership Act)** allows up to 15% of its funds for supportive services, including child care, for parents in JTPA training programs. In 1986, 1,476 children were served for approximately \$200,000, most for short periods of time.
- **Child Care Food Program** (United States Department of Agriculture Food Program) is a federal program to reimburse day care centers, Head Start programs and family day care home providers for their food expenses. Reimbursements to providers in Cuyahoga County averaged about \$238,000 a month in 1986.
- **Municipal Funding** through Community Development Block Grants provides funds to programs in the cities of Cleveland, Lakewood and Euclid. In some other communities recreation departments and school systems sponsor child care programs and provide in-kind services.
- **Private Charitable Funding** is available to selected programs from United Way Services (UWS), Federation of Catholic Community Services (FCCS), the Jewish Community Federation (JCF) and numerous denominational groups. UWS, FCCS and JCF allocate funds to non-profit agencies which provide day care services.

In-kind support from churches and temples is a major source of funding for child care programs. These facilities provide space, utilities, maintenance and/or, in some cases, direct scholarships for families.

- **Employer Support** includes work-site programs (six employers offered this option in 1986), provision for tax savings on employee day care expenses through earnings set aside plans, child care support through company benefit packages (one employer offered this option in 1986) and employee child care resource and referral services (18 companies in 1986 contracted with Center for Human Services for R&R programs).
- **Vocational Education Funding**, through the Ohio Department of Education, funds child care for students, including teen parents. Three Cuyahoga County school systems (Cleveland, Cleveland Heights and Parma) as well as Cuyahoga Community College and the Polaris Career Center offered school-based programs in 1986.

- **The Child Care Scholarship Program**, begun as a pilot project of CDCPP, with support from United Way Services, Cuyahoga County Department of Human Services and area foundations, offered direct assistance to parents for the first time in 1986.

In 1986 a total of \$8,754,941 was available from eight-funding sources for full-day child care.

When the two other major sources of funding for direct services were included (\$187,298 from Vocational Education, and \$200,000 from JTPA), there was \$9,142,239 in community funding in 1986.

Insufficient Funding to Meet Documented Needs

Based on 1986 unmet requests to CCDHS and CCRC an additional \$2 million dollars is the estimated need to ensure services and financial assistance to currently eligible and prioritized Title XX families who have been denied services (869 children in 1986) and non-Title XX

Funding Source	1986 Amount	% of Total
Cuyahoga County Dept. of Human Services (CCDHS)	\$6,004,470	68.6
United Way Services (UWS)	2,144,010	24.5
Jewish Community Federation (JCF)	206,000	2.3
Scholarship Program	167,013	1.9
Federation of Catholic Community Services	90,000	1.0
City of Cleveland (municipal)	81,000	.9
City of Lakewood (municipal)	36,448	.4
City of Euclid (municipal)	26,000	.3
Total	\$8,754,941	100

Child Day Care Planning Project and Center for Human Services (1988) 1986 Data Report

eligible families earning less than \$25,000 (404 children in 1986). In most areas of the County, the demand exceeds the available resources. The demand for child care and the need for subsidy will continue to increase as the number of births increases, as more mothers move into the workforce and as welfare reform requires more subsidized care. Additional funds will also be needed to ensure that the internal problems of centers and homes will be addressed, such as meeting Title XX regulations, providing employee benefits and getting needed training to improve program quality.

Distribution of Funds

Child care funds, specifically those available from United Way Services and Cuyahoga County Department of Human Services (Title XX), are not distributed equitably throughout the County to meet growing needs. Most community day care funds are allocated to specific programs. According to the 1986 Child Care Data Report, 71 programs received community funding, 52 in the City of Cleveland and 19 in the Suburbs. The majority of these programs (68%) were located on the east side of Cleveland. Fifty-eight centers received Title XX funding while approximately 280 family day care homes and aides were Title XX certified. Twenty-four full-day programs received UWS funding. Eighteen of these programs also received Title XX funding. Families eligible for subsidized child care but who live in areas without subsidized care cannot be served adequately. The demand for care varies in different parts of the County.

Priorities for Title XX Funding

State regulations require counties to serve all eligible applicants designated as high priority. Families considered eligible for day care include those families earning up to 80% of median income who are employed or in training no less than 25

hours/week (including transportation time) and who have children up to 13 years of age.

Within state eligibility, Cuyahoga County currently places highest priority on protective cases and on the lowest-income families who qualify for free care. Families are prioritized as following:

1a. Public assistance recipients.

1b. Not public assistance, but single parents who qualify for free service.

1c. Not public assistance, not single parents but qualify for free service.

1d. Others, not public assistance, who qualify for free care.

1e. Single parent families who qualify for partially subsidized care (up to 10% fee category).

Priorities set by CCDHS must be consistent with its mission to serve the poorest families.

In a review of its 1,604 families (2,257 children) receiving day care services in 1987, CCDHS found that 97.7% were single parent families. At intake 87.1% of the families were either on public assistance or had low enough incomes to be eligible for free day care services. At the time of the case review (June, 1987) 19.3% of the families paid 10% or more of their day care fees (9.7% paid 10%; 5.2% paid 20%; 1.7% paid 30%; 2.7 paid 40% or more). Families prioritized for day care subsidy must be either working full-time or in training at least 25 hours per week. Slightly more than half of the parents (51.6%) were employed while 46.1% were in training and 2.3% combined training and employment. Approximately 67% of the families had only one child in day care while an additional 27% had two children in care. County records indicated that a wide range of ages were served, from less than one year up to 13 years of age. Fifty-five percent were in the 3-5 year old

category. Only 4% were 10 year olds or older.

Despite the fact that, in 1986 the County Department of Human Services expended 98% of its \$5 million dollars in center contracts, it was still unable to serve all of its eligible and prioritized clients. (In 1986, 869 children whose parents requested care, or 21%, were not served due to lack of sufficient funds). The number needing subsidy continues to exceed the available dollars. Until additional funds are available, CCDHS must reduce the number of families and children now given priority. Counties must, by state regulation, maintain a balance between available funds and potential clients so that the number of clients targeted to be served does not greatly exceed the available funds for the service.

A decision to "deprioritize" any families who are eligible and prioritized for Title XX day care subsidy is a difficult one to make. A number of factors must be taken into consideration, such as the age of the child, work/training status of the parent, income and ability to pay child care costs. There is no formula for making the decision.

In an effort to gain consensus on priorities from parents and the child care community (including providers, funders, professional organizations, child care committees) the CDCPP conducted two surveys. Because the return rate of usable questionnaires was very low on both surveys (i.e. 16% on the parent survey and 20% on the community survey), no conclusions should be drawn. However, of the people who returned these questionnaires, a general pattern seemed to emerge. Most of the respondents believed that families in work/training programs with the lowest income and families with the youngest children should receive the highest priority for day care subsidy.

For each category of clients targeted to be "deprioritized", a case can be made for maintaining that category in the high priority group. For example, if the decision is made by CCDHS to eliminate Title XX day care services to older school agers, the impact of this decision is likely to be felt during the summer months. During that time, many parents who do not usually use before and after school care during the school year because of the short hours their children are unattended, seek care and supervision of their children for the longer hours of the summer. These same families may have younger children already in child care centers and want to make only one child care arrangement.

In another example, when "fee payers" or the "working poor" are eliminated for subsidy, their ability to achieve economic self-sufficiency may be jeopardized. Funding those families that can pay something toward their child care costs on a sliding fee scale "stretches" the subsidy dollars allowing more children to be served with the same amount of funding.

Title XX Reimbursement Rates

Currently CCDHS contracts with 58 centers to provide day care services to eligible and prioritized clients. The rate of reimbursement ranges from \$5.93 per diem per child up to \$13.25 per diem.

An analysis of centers' costs indicates that Title XX rates for many center providers are insufficient to cover the cost of meeting Title XX requirements if employees are paid at least minimum wage and receive basic fringe benefits. Providers have testified to increased costs due to inflation and additional requirements under the new licensing law. Other factors which may have affected the gap between rates and costs include the following:

- lack of change in reimbursement rates over the last several years to reflect general inflation and increases in specific costs such as utilities and insurance
- expansion of service to children in lieu of increases in per diems, resulting in actual lowering of per child costs
- unrealistically low per diems set when some centers entered the system. These low per diems were based on low rates charged to private clients and on incomplete information
- expansion of services to younger children without compensation by changes in rates to reflect the higher cost of serving infants and toddlers
- Limiting the hiring of substitutes to maintain the appropriate staff/child ratio which places the center's compliance with Title XX standards in jeopardy,
- Reducing spending for materials and equipment for children,
- Delaying equipment maintenance repairs and replacement,
- Failing to set aside funds to cover emergency costs such as blocked sewer lines and vehicle repair.

All Title XX providers are operating to serve low-income families. Private rates cannot be increased sufficiently to cover the cost discrepancies.

Day care center budgets which are submitted to the County Department of Human Services must show a balance between anticipated expenses and income, including their Title XX per diems.

Directors suggest that discrepancies between expenses and income are managed in a variety of ways including:

- Raising parent fees,
- Supplementing Title XX with other income or in-kind contributions by UWS, sponsoring church, etc.,
- Using agency funds re-allocated from other services,
- Obtaining personal loans against the operator's private property or spouse's income,
- Obtaining personal and agency credit lines which lead to increasing debt,
- Keeping salaries and benefits at less than self-sufficiency levels for staff,
- Cutting costs for food

Sixteen centers receive reimbursements below \$10 per diem. If those centers are brought up to a \$10 per diem, the additional cost to the County for a year of service is estimated at \$94,744. If the rates are increased again to bring the centers with the lowest rates up to \$11 per diem (a total of 28 centers), the additional cost to the county for a year of service is estimated at \$220,244.

In a series of meetings in which day care providers were asked to assist CDCPP in addressing the cost of care and fiscal management issues, concerns about low per diem rates, cash flow, variable costs related to the ages of children served, changes in regulations that have cost implications, low transportation rates, and increased insurance premiums were raised.

Day care home providers are reimbursed by CCDHS at less than \$1.00 per hour per child with providers receiving \$7.00 per day per child.*

*A rate increase has recently been approved by the County Commissioners changing the per diem from \$7 to \$8.

Cost of Care

In Cuyahoga County as in other areas across the county, the cost of full-time day care is dependent on a number of factors. Costs are related to the type of care provided (e.g. center based, home based, in-home care), the ages of children served, the location of the care, the quality of the program, or the level of subsidy available for families and/or programs.

Generally, the average cost of care is higher in centers than homes. Parents can expect to pay between \$45 and \$85 per week per child in a center while the range may be \$35 to \$75 per week in a home. In some suburban areas, however, the cost of care in a home may reach as high as \$125 per week. Infant care is the most expensive. An analysis of the actual cost for infants in one CDCPP center-based demonstration project indicates a cost of \$24.00 per day. Another center provider estimates the actual cost at \$27-28/day although parents are not charged this amount. There are no locally compiled data on the actual costs of infant care in homes for comparison with center care.

According to the Children's Defense Fund (Rhodes and Real, 1985) day care is the fourth highest expense for families, typically running over 10% of a family's gross income. Barbara Willer (1987) quoted the 1985 median income for households with children younger than six years of age as \$28,713. For single heads of households the income was reported as \$18,347. With day care costs averaging \$2,500 to \$3,000 annually for care of 3-5 year olds

and considerably more for care of infants, most families are unable to cover costs.

The strategies for impacting the child care crisis suggested by Willer fall into three categories:

- Educating the public and funders by helping parents understand the components of quality programs and why they are expensive to provide, documenting staff recruitment and retention problems, demonstrating program quality to make a case for appropriate compensation, documenting inequities of current salaries and benefits.
- Getting more money into the child care system by ensuring reasonable reimbursement rates for subsidized care, increases in the Dependent Care Tax Credit, government subsidy of employee benefits, earmarked funds for child care, alternative sources of child care funding, community-wide child care revolving loan funds, support of resource and referral services, and matching grants for fundraisers.
- Making the most of available resources by educating parents to make use of the Dependent Care Tax Credits, ensuring that states use all monies allocated for early childhood services, coordinating resources and services, instituting differential staffing models with salary scales that reflect different levels of qualification and work experience, and establishing public/private partnerships.

III. CHILD CARE STATISTICS - CHILD CARE RESOURCE CENTER AND CUYAHOGA COUNTY DEPARTMENT OF HUMAN SERVICES

Known Demand in 1986: Request to CHS and CCDHS

The Child Care Data System includes requests for child care which originated through two sources, the Center for Human Services (CHS) Child Care Resource Center and Cuyahoga County Department of Human Services. Though this does not measure the full need for day care in the community, it is a valuable indicator.

The Child Care Resource Center (CCRC) maintains a community resource and referral (R & R) program, a free service available to any person who calls the program and asks for assistance in finding child care in Cuyahoga County. When a person calls requesting help, an intake form is completed identifying the characteristics of the person calling and describing in detail the need for child care. Employees of corporations with CCRC contracts also have access to the child care resource data base. Data are also collected regarding the needs of corporate clients. Requests from corporate

clients are specifically identified and combined with the overall Center for Human Services data base. Service availability is recorded for each request.

Within the Cuyahoga County Department of Human Services, information is collected from each person requesting child care. This information is kept in the same detailed format as is the CHS data. The CCDHS data on each request is classified either as an acceptance or a denial based on the decision placement of the child.

Thus these two sources of data provide the known demand for child care from 1986. The requests are counted either by family or by child. When family demographics are needed, the family files are used and when specific information about the children needing care is sought, the child records are searched.

In 1986 service was available for 8,390 children (78% of those requesting care). Service was not available for 880 requests to CHS and 1,412 requests to CCDHS. Of

1986 Child Care Requests

Source of Request	# Child Requests*	Service Available		Service Not Available	
		#	%	#	%
Community R&R	5,078	4,311	85	767	15
Corporate	974	861	88	113	12
TOTAL CHS	6,052*	5,172		880	
Eligible/Prioritized	4,082	3,213	79	869	21
Eligible Not Prioritized	123	5	4	118	96
Ineligible	425	0	0	425	100
TOTAL CCDHS	4,630**	3,218		1,412	
MISSING DATA	96				
TOTALS	10,778	8,390		2,292	

* 6,129 including 77 cases with missing data

** 4,649 including 19 cases with missing data

Source: 1986 Data Report

those for whom CCDHS service was not available, 869 were eligible high priority children (22% of requests).

The requests for child care, as noted above, were analyzed by age of child. The County requests were summarized only for the children from families who are both eligible for service and are included

in the priority grouping for Cuyahoga County. The heading SNA represents Service Not Available. These are the requests for which there were no child care resources available.

The following demographic information is available for families, but not by child. Therefore, the total numbers reflect this

CHILD DAY CARE REQUESTS BY AGE OF CHILD				
CCDHS				
AGE:	Total Requests	SNA*	%**	
0 - 17 Months	610	163	27	
18 - 35 Months	1,012	200	20	
36 - 59 Months	1,449	216	15	
60 - 71 Months	333	82	25	
72 Months & Up	673	207	31	
Missing Data	5	1	—	
TOTAL	4,082	869	21	

CHS				
	Total Requests	SNA*	%**	
0 - 17 Months	2,014	286	14	
18 - 35 Months	1,182	168	14	
36 - 59 Months	1,460	214	15	
60 - 71 Months	453	61	13	
72 Months & Up	937	150	16	
Missing Data	83	1	—	
TOTAL	6,129	880	14	
TOTALS				
	Total Requests	SNA*	%**	
0 - 17 Months	2,624	449	17	
18 - 35 Months	2,194	368	17	
36 - 59 Months	2,909	430	15	
60 - 71 Months	786	143	18	
72 Months & Up	1,610	357	22	
Missing Data	88	2	—	
TOTAL	10,211	1,749	17	

*SNA - Service Not Available

** - Percent of request for which service was not available

*** Eligible and priority only

Source: 1986 Data Report

difference. This information highlights the differences between the populations asking for care through CHS and those requesting care from CCDHS. The parents seeking assistance through CCDHS were predominantly in school and training

programs, were single parents and had very limited incomes.

FAMILY						
	CCDHS		CHS		Total	
	Total		Total			
FAMILY STRUCTURE	Requests	%	Requests	%	Requests	%
Couple with Children	63	2	2,552	55	2,615	35
Couple Only (Expecting)	0	0	142	3	142	2
Father Only with Child	20	.6	61	1	81	1
Mother Only with Child	2,745	95	1,611	35	4,356	58
Teen/Young Adult living with others	52	2	120	3	172	2
Other (Including missing data)	14	.4	133	3	147	2
Total	2,894	100	4,619	100	7,513	100
FAMILY INCOME CLASS						
Less than \$5,000	2,043	71	640	14	2,683	36
\$5,000 - \$9,999	498	17	421	9	919	12
\$10,000 - \$14,999	265	9	470	10	735	10
\$15,000 - \$19,999	55	2	407	9	462	6
\$20,000 - \$24,999	11	.3	412	9	423	6
\$25,000 - \$34,999			489	11	489	7
\$35,000 - \$49,999			531	12	531	6
\$50,000 & UP			434	9	434	6
Not Available			749	16	749	10
Missing Data	22	.7	66	1	88	1
Total	2,894	100	4,619	100	7,513	100
REASON REQUESTED						
Employment	725	25	2,937	64	3,662	49
Seeking Employment	7	.2	459	10	466	6
School, Training	2,155	74	475	10	2,630	35
Occasional			76	2	76	1
Respite			39	1	39	.5
Sick Child, Sick Parent			29	1	29	.3
Enrichment			418	9	418	5.5
Other	1	0	63	1	64	1
Unreported			57	1	57	.7
Missing Data	6	.2	66	1	72	1
Total	2,894	99.4	4,619	100	7,513	100

Source: 1986 Data Report

IV. QUALITY OF CARE

CDCPP conducted studies of the quality of care in 65 funded centers and 111 family day care homes. In day care centers in Cleveland and surrounding suburbs, CDCPP gathered information on the education and experience of staff. Of the 328 staff (42 centers) reporting on their qualifications, 27.1% indicated that they had acquired a high school diploma or less, 50.6% had some college (including AA degrees) and another 22.2% were college graduates (4-year degrees).

Although 231 staff indicated that they had specific training in early childhood, 55.8% of them had less than an Associate's degree, 26.8% earned an AA degree, 9.5% a Bachelor's degree or graduate course credits (Three staff indicated they had a doctorate degree in the field).

Approximately 58% of 233 staff in all positions had less than 10 years of relevant experience. Directors had an average of 18 years experience while teachers averaged 7.8 years; teacher assistants averaged 2.7 years, and aides averaged 6.5 years.

From observations of 222 classrooms, using nationally accepted standards for high quality programs, the study revealed quality ranged from very low to very high. Sixty percent of the centers met most criteria while forty percent of the centers met only a portion of the quality standards. Centers generally rated better on criteria related to interactions among staff and children and health and safety than on curriculum and physical environment.

Some of the individual criteria on which classrooms were rated highest were: all races and both sexes treated equally, enough indoor space, protected outdoor space, positive discipline, supervision of children, clean and sanitary areas, heal-

thy conditions (e.g., washing hands, ventilated rooms).

Problem areas were: helping children deal with anger and talk about feelings; multi-racial, non-sexist materials; respect for cultural diversity; private areas available for children; soft elements in environment; arrangement of space; smooth unregimented transitions, encouragement of thinking, reasoning and questioning. Many classrooms also had problems in encouraging pro-social behavior, language development and creative expression; providing developmentally appropriate activities; and providing a variety of age appropriate materials and equipment.

Summaries of program ratings on administrative criteria, overall, revealed that centers were rated highest on those individual health and safety and physical environment criteria that relate closely to state licensing requirements (e.g., staff health records, non-discriminatory hiring practices, attendance records, proper storage of food, written policies on administration of medications, nutritional meal, emergency procedures).

Their lowest ratings related to staff qualifications and training (e.g., training plans, availability of an educational director, sufficient numbers of teachers with at least a credential or AA degree in early childhood).

Staff Salaries and Working Conditions

The quality of care provided in centers is very much related to the financial stability of the center. Most providers have limited funds for training.

Sixteen Title XX funded centers receive reimbursement rates of less than \$10 per day per child. It is nearly impossible for these providers to pay staff minimum

wage and fringe benefits and meet Title XX requirements.

Until recently, specific information on local staff salaries and working conditions have been difficult to obtain. In 1985, CDCPP attempted to gather this information through its cost study but was unsuccessful. Data from the 57 centers it studied were not comparable.

Over the years, the Child Care Resource Center has worked with many day care center staff and has informally accumulated salary information. The following are estimates based on their experiences.

The range of salaries for teachers is \$3.35 per hour to \$7.00 per hour. Many work without fringe benefits and are not paid for days off. Assistant teachers earn \$3.35 to \$5.00 per hour and are more apt to work part-time than teachers. In 1984, the median annual earnings of full-time child care workers was \$9,204 (In Whose Hands, 1985).

Directors' earnings range from \$10,000 to \$20,000 annually. Generally, directors have more fringe benefits and flexible scheduling than teachers but work considerably more hours each day. Assistant directors' earnings are based on hourly rates from \$3.35 to \$9.00 per hour. Most programs do not have assistant directors.

A recent survey of 325 early childhood professionals working in full and part-day centers conducted by the Cleveland Association for the Education of Young Children confirmed some of the informal data available in the community (CAEYC, 1988). The survey found that the median salary of teachers working full-time was \$5.43 per hour while the median salary of all participants including administrators, assistants and teachers was \$6.24 per hour.

Eighty-three percent of teachers working full-time earn less than \$6.13 per hour or \$12,740 for 12 months. This salary, when converted to nine months (\$9,562), can be compared to the average beginning salary of \$18,000 for public school teachers in Cuyahoga County.

The survey also found that benefits are limited. While 64% of the respondents receive paid sick days or holidays and 51% receive 1-3 weeks paid vacation, only 22% receive fully paid health insurance (20% have partially paid insurance). A full 77% receive no retirement benefits.

Although salaries and benefits are low, 89% of the respondents have one year of college or more.

Those who stay in the field are committed to caring for children despite the poor salary. They work long hours and appear to receive more satisfaction from offering a needed service than receiving adequate monetary rewards. Some have a second income that supports them. Staff members who are single parents are apt to be in an income bracket that places them in the poverty category.

A head teacher who responded to the CAEYC 1987 Salary Survey commented "I need more money soon or we will have to go on welfare." This teacher who had one year of college and 10 years in the field was earning \$9,000 per year or \$4.00 per hour in a publically funded program. She supports a family of four.

Most day care center staff work an average of 1 to 3 years in a program. There are, of course, exceptions to the rule. Poor pay, lack of benefits and limited education and training contribute to a high turnover of staff.

Nationally, child care workers have among the highest rates of job turnover

of all occupations. Between 1980 and 1990, 42% of all child care workers in educational and services positions, will need to be replaced each year, just to maintain the current supply of child care providers. These rates are more than double the average replacement rate of 19.4% for all occupations. (In Whose Hands, 1985).

Family Day Care Home Quality

Despite the fact that family day care represents the most frequently used type of out-of-home care by American families, most of the professional literature and research focuses on care in day care centers. Home caregivers have not been a part of the early childhood professional community. The local and national Associations for the Education of Young Children have not had a membership category specifically for home providers. The professional journals have only occasional articles on the subject of home care.

The National Day Care Home Study (U.S. Department of Health and Human Services, 1981) reported that family day care is the most widely used form of care in the United States. It was estimated that of the 7.5 million families regularly using day care for at least ten hours per week, 45% were using family day care. This compares to 35% using care in their own homes and 17% using care in centers. Although the percentage of families using child care centers has risen in the succeeding years since this report, family day care continues to be the most widely used form of care particularly for children under three years and for school-age children.

Major findings of the study included the following:

- **Regulation:** 94% of all family day care homes were unregulated. About 4% came under some type of regulation but operated independently.

About 2% were regulated and also sponsored by an agency which provided supportive services.

- **Training:** The majority of family home providers have had no relevant training. However, more sponsored providers (about 75%) have had relevant training than unsponsored providers (30%).
- **Stability:** The study found a high turnover among providers, with almost half of those surveyed dropping out after one year. The turn-over was much lower among caregivers receiving supportive services, with 13% dropping out by one year.
- **Quality of Care:** There were consistent positive effects for provider training in each group of caregivers; sponsored, unregulated and regulated. Training stimulated more teaching, helping, language and positive contact with children.

The report made a distinction between two major groups of caregivers.

- One group consisted of young white mothers in their late twenties and thirties with more education, and higher family income. They care for other children while their own children are at home. Generally the income from caregiving represents only a small portion of their total household earnings.
- A second group consists of older women, in their thirties, forties, and fifties, who have less education and lower incomes. Many of these women are caring for the children of a relative, especially their grandchildren. Minorities overwhelmingly fall into this category.

Most home providers are unregulated and almost no Type A homes have been licensed. CCDHS certifies Type B homes. In Cuyahoga County the following agencies sponsor homes: Children's Services, CCDHS, Covenant Early Childhood Programs, Center for Human Services, Jewish Day Nursery/Jewish Children's Bureau, Happy Times Day Care and West Side Community House Day Care. All agencies but CCDHS provide USDA and other supportive assistance to their homes.

A CDCPP study of a sample of 111 homes from four agencies revealed that the majority of providers sampled were low-income (47% earning below \$10,000; 63% earning below \$15,000). Seventy-three percent had less than a high school education. The typical provider had been in the agency system three or more years.

Providers were evaluated in five skill areas (i.e., physical care, program, discipline, professionalism and emotional care) at three levels of care. Areas reflecting providers' greatest strength were physical care and supervision. The areas in which home providers were weakest were discipline and programming. Scores for over 50 percent of the homes indicated a clear need for training. Providers serving infants needed training in basic hygiene, physical care, and promoting development through positive interactions. Lower scores were associated with serving toddlers. Providers also needed training in being more flexible in meeting individual needs of children.

Caregiver quality (especially the areas of discipline and programming) was negatively associated with low levels of income and education. Caregiver quality was positively associated with system sponsorship (as contrasted to system regulation).

Low scores in programming among low income providers reflected, in part, lack of equipment and materials. Twenty-five percent or more of the providers in the assessment needed, but did not have access to, booster chairs, cribs or potty chairs. Twenty-five percent or more did not have sufficient nor age appropriate materials or books available.

Providers themselves indicated a need for support in the form of tip sheets, telephone consultation, equipment, supplies and training.

Child Care Regulations

Child care centers throughout the country are regulated in different ways. At one point, the federal government set standards for programs receiving federal funds. This is no longer the case, although some state and county governments which administer Title XX Social Service Block Grants for day care may impose requirements on programs receiving the funds. According to Children's Defense Fund, (1987) state child care standards vary widely and many are so inadequate they threaten the well-being of the children being served.

In late 1985 a new Ohio day care licensing law was passed and went into effect by the fall of the following year. The new law attempts to respond to what early childhood research tells us about good care for children. The ABT National Day Care Study (Ruopp, Travers, Glantz, and Coelen, 1979) found three factors that are associated with better care and with somewhat superior developmental effects for children. These factors are small group size, low caregiver/child ratios and caregivers with educational training relevant to young children.

While group size and ratios were improved under the new Ohio law, the standards, especially for infants and toddlers, are still below recommended levels. The minimum requirements for centers licensed by the Ohio Department of Human Services are excerpted from the law and regulations as follows:

- **Number of children (maximum) per teacher:**

Infants (under 12 months)	 5
(with two teachers)	 6
Infants (12 to 18 mo.)	 6
Toddlers (18 - 30 mo.)	 7
Toddlers (30 mo. to 3 yrs.)	 8
Preschoolers (3 yrs)	 12
Preschoolers (4 yrs.)	 14
Schoolagers (5 - 11 yrs)	 18
Schoolagers (11-14yrs.)	 20

When 6 or more children are present, there must be at least one other adult present in addition to the teacher.

- **Staff Qualifications:**

-Teacher has at least a high school diploma plus 15 hours of in-service training annually up to 45 hours, or Child Development Associate Credential, or Associate or higher degree in child development or early childhood education.

-Director has at least two years' work experience in a center and four courses in child development or early childhood education from an accredited college, or Child Development Associate Credential, or Associate or higher degree in child development or early childhood education.

- **Program:**

-Materials/equipment suitable to the children's ages

- **Space:**

-Indoor - 35 sq. ft. per child
-Outdoor - 60 sq. ft. per child

- **Health:**

-Child: Physical exam prior to admission or within 30 days; Immunizations

-Staff: Trained in first aid and recognition of communicable diseases; Trained in child abuse recognition and prevention

- **Safety:**

-Equipment safe and in good condition
-Emergency plans posted
-Annual fire inspection
-One-time building inspection

- **Food:**

-Food service license required
-Provides a balanced diet which meets state nutritional requirements

- **Unlimited Access to the Facility By Parents**

-To observe daily activities, areas used by children and their child's records

- **Information Available to Parents such as:**

- Ages and number of children center serves as well as its licensed capacity.
- A roster listing names and phone numbers of parents of each child in the group.
- Hours center is open.
- Calendar showing days when center is open and closed
- Fee schedule
- Discipline and safety policies
- Menu of meals/snacks served
- Emergency and health care policies
- A statement of purposes and goals of the center
- Center's plan to encourage parent participation in the program
- When field trips or special outings are planned

- **Conferences**

- Periodic parent/staff conferences are required for children five years or younger. For children six or older, staff are to notify parents in writing that conferences are available at the parent's request.

Centers are inspected twice a year, including one unannounced inspection.

National Quality Standards

While some state standards, such as Ohio's, have improved in the last few years, many have not. In light of the variability of state standards, the National Association for the Education of Young Children (NAEYC) has placed a high priority on improving the quality of care across the country. By developing the National Academy of Early Childhood Programs (NAECP), by setting standards for high quality programs and by im-

plementing a system of accreditation of programs meeting the standards, NAEYC has begun to impact the quality of care nationwide. By March 1988, 452 full and part-time programs had been accredited. Of those programs 39 were in Ohio and 11 were specifically located in Cuyahoga County.

Local Quality Assurance

Although state licensing standards in Ohio have improved, and a number of programs have been accredited by NAECP, the quality of care provided by centers is still a concern to parents, early childhood professionals and child care funders. At the local level, prior to CDCPP, there was little specific information available to child care funders on the full range of quality of care in funded centers. On a continuum of quality, care ranged from those programs barely meeting regulatory standards to programs going far beyond minimum requirements.

Cuyahoga County lacked an organized approach to quality improvement of child care. There were no widely accepted standards for high quality child care, no objective data on specific training needs of staff, no coordination of training resources and no systematic approach to identifying and responding to gaps in training services. Although resources for staff development were available within the community, funders were not involved in seeing that their programs received the in-depth technical assistance many of them needed.

V. FISCAL MANAGEMENT

Prior to implementation of CDCPP, child care funders did not share information with one another about the cost of operating "funded" child care centers in Cuyahoga County. Each funder required its centers to use a different budgeting and reporting format. Therefore cost data were not comparable across programs. There was great variability in management skills of the directors.

In 1985 CDCPP began a study of the cost of care of 57 funded day care centers. The purpose of this study was to collect data on income, expenses, personnel time use and staff salaries, education and experience which could be analyzed by funders to evaluate the cost effectiveness of the services. In addition, the intent of this study was to identify areas in which individual centers needed fiscal management assistance.

Although there were several limitations to the study which negated the usefulness of the cost data, some patterns emerged relative to centers' management practices. Several small centers did not adhere to standard accounting procedures and did not have complete records on their income and expenses.

Although centers were required to report their expenditures to their funder on a standardized form, there were inconsistencies among programs in how they used the form and what information they reported. While all centers maintained daily attendance records, information on enrollment was not always available. There was little consistency among programs in the collection and maintenance of enrollment data.

The study also revealed that it was difficult to analyze staff costs and make comparisons among the centers. In many cases salaries for full and part time staff were not separated nor were they converted to full-time equivalencies. Staff salaries among the centers also were not comparable because there were no clear definitions of job descriptions for various staff positions. A person in one program performing a set of functions might be called a teacher assistant and a person in another program performing that same set of functions might be called a head teacher.

VI. ADVOCACY ISSUES

Parental Leave

Many mothers feel they must return to work immediately after having a baby in order to keep their jobs. This is becoming a common practice for economic reasons as well. It is confirmed by statistics. Eighty percent of working women are in the prime childbearing age (American Family Celebration, 1988). Half of all mothers of children under the age of one are in the labor force.

In the United States the only federal law covering maternity leave from the job is the Pregnancy Discrimination Act of 1978 which says if a company provides disability insurance to its employees, it must treat pregnancy as any other disability and provide leave. Employer disability plans cover fewer than 40% of working women.

Currently there is proposed legislation to address the issue of leave. Parental Leave Legislation (H.R. 925), Family and Medical Leave Act, if passed, would require employers to give employees up to 10 weeks unpaid leave with continued health insurance upon birth, adoption, or serious illness of a child.

Training Programs for CCDHS Clients

Parents receiving Aid to Dependent Children (ADC) form the top Cuyahoga County Department of Human Services priority for child day care funding. To be eligible for day care subsidy, parents must be working or enrolled in a training program full time.

County-subsidized day care services are available to caretaker parents:

1. whose family income does not exceed the limits established by the Ohio Department of Human Services for the Title XX program *and*

2. who are employed full time (at least 100 hours per month) or participate in a full time training program (at least 25 hours each week including class and travel time) which will lead to full-time employment *and*

3. who place their children with approved providers who have signed contracts or agreements with the Cuyahoga County Department of Human Services.

"Short-term, job-related training" is that which will produce, within four years after services are initiated, a degree, certificate or credential that satisfies the entry-level requirements of a specifically-designated occupation. Reimbursement for training related day care is limited to 36 months. To maintain their day care support, students may not change schools/programs more than once prior to completion.

The goal of providing child care subsidy for parents who are in training programs is to enable low-income families to take advantage of job training opportunities, acquire marketable skills and to work toward achieving economic self-sufficiency. Child care is an essential support service for the family.

According to **Day Care: Investing in Ohio's Children** (Rhodes and Real, 1985), it cost Ohio less than \$2,000 a year to pay for the day care of a poor child whose mother works. By contrast, it cost Ohio over \$6,000 a year to provide public assistance to the same size family. Thus, every dollar spent for day care immediately saved Ohio three dollars in welfare costs. In addition, child care enables parents to begin paying back this investment right away by working and paying taxes. Although day care costs have increased since the Rhodes and Real report, dollars in welfare costs can still be saved.

In 1981 one study of families undertaken to determine changes in public assistance dependency, earnings, taxes paid and the increase in parent payment of fees for child care (Fries and Miller) found that there was a 50% reduction in public assistance costs as a result of ADC recipients' ability to find employment.

While the County Department of Human Services Day Care Department keeps records on training and work status of its clients, it does not routinely analyze the data according to the type of training in which clients participate. In 1984, the County found that 971 clients seeking day care were enrolled in training programs in the following categories:

Colleges and Universities - 493 (50.8%)

- Training/Vocational Programs - 297 (30.6%)
- Business Schools - 131 (13.5%)
- High Schools - 50 (5.2%)

The number of trainees who found employment and became economically self-sufficient was not known.

In 1987, as a result of a review of families receiving subsidized care, CCDHS found that 46.4% of its families were enrolled in training programs. Another 2.1% combined training and employment. Fifty-eight percent of the families in training were in programs designed to produce a degree (e.g. Associate - 77.3%; Bachelor's - 13%; High School Diploma - 8.6%, G.E.D. - 1.2%).

The length of the programs varied from less than 12 months to up to 36 months with the majority of programs (46.1%) re-

quiring 19-24 months to complete. Almost 32% of the programs could be completed in less than 12 months.

Although no formal data are collected by the County regarding job placement rates following training, County day care intake staff are aware that many of their clients are not finding employment or are finding only very low paying jobs. Based on client interviews, however, it is apparent that many training programs are not preparing people with appropriate skills to enter the job market.

There are, of course, a number of reasons why these clients may remain unemployed after training. For example:

- poor economy and lack of jobs
- limited pre-training counseling so that employment opportunities can be explored
- lack of individual motivation
- limited skills acquired
- poor quality of training
- selection of a training program that has a very low job placement rate.

As day care needs increase without substantial increases in funds, funders must be sure that the dollars spent will have a positive impact on families. It is critical for families in training who are using subsidized day care services to be involved in training that will enable them to eventually become economically independent.

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SELECTED RESOURCES

Child Care Resource Center
Center for Human Services
1240 Huron Road
Cleveland, Ohio 44115
(216) 861-3395
Contact: Mary Kerrigan

Child Day Care Scholarship Program
Center for Human Services
1240 Huron Road
Cleveland, Ohio 44115
(216) 861-3395
Contact: Connie Sallee

Children's Defense Fund - Ohio
790 Stone Ave.
Columbus, Ohio 43205
(614) 221-2244
Contact: Mark Real

Cleveland Association for the Education
of Young Children
P. O. Box 06260
Cleveland, Ohio 44106
(216) 292-0991

County Department of Human Services
3955 Euclid Avenue
Cleveland, Ohio 44115
(216) 431-4500
Contact: Claudia Blanton, Purchase of
Service (Day Care Contracts)
Contact: Mimi Gordon, Day Care (Intake
for Clients)

Federation for Community Planning
1001 Huron Road
Cleveland, Ohio 44115
(216) 781-2944
Contact: Nina McLellan

Headstart
Council for Economic Opportunities
668 Euclid Avenue
Cleveland, Ohio 44114
(216) 696-9077
Contact: Sharon Blue

National Association for the Education of
Young Children
1834 Connecticut Avenue, N.W.
Washington, D.C. 20009
1-800-424-2460

Ohio Department of Human Services
Day Care Licensing
615 W. Superior Avenue, Rm. 990
Cleveland, Ohio 44113
(216) 622-3401
Contact: William Goodrich

Technical Assistance Project (TAP)
Achievement Center for Children
11001 Buckeye Road
Cleveland, Ohio 44104
(216) 795-7100
Contact: Maria Kaiser



Child Day Care
Planning Project

1001 Huron Road
Cleveland, Ohio 44115
(216) 781-2944